

Reproductive Life Plan

Date ____/____/____

Patient Information:

Name _____

DOB: ____/____/____

Gravidity (include current pregnancy): ____ Term Births: ____ Preterm Births: ____

Abortions/Miscarriages: ____ Current Living Children _____

1. Do you plan to have any more children in the future?

- Yes
 No (*if no, proceed to question 5*)

2. How many children would you like to have?

_____ Children

3. What are your future goals and how do children fit into this plan?

It is important to consider how additional children will affect future goals and plans.

4. How long would you like to wait until you and/or your partner becomes pregnant (again)?

- Wants to wait: _____ months/years (*circle one and proceed to question 6*)
 Wants to become pregnant Immediately (*review the facts below*)
- *It is important for her to visit her doctor as soon as possible to discuss her health and medical history, discuss any potential complications, and ensure she has all needed vaccinations.*
 - *400 micrograms of Folic Acid are needed every day before and during pregnancy to prevent major birth defects of the baby's brain and spine.*
 - *It is important to stop drinking alcohol, smoking and using street drugs. These substances can cause premature birth, birth defects and infant death. If she is having trouble stopping, link her to a resource that can help.*

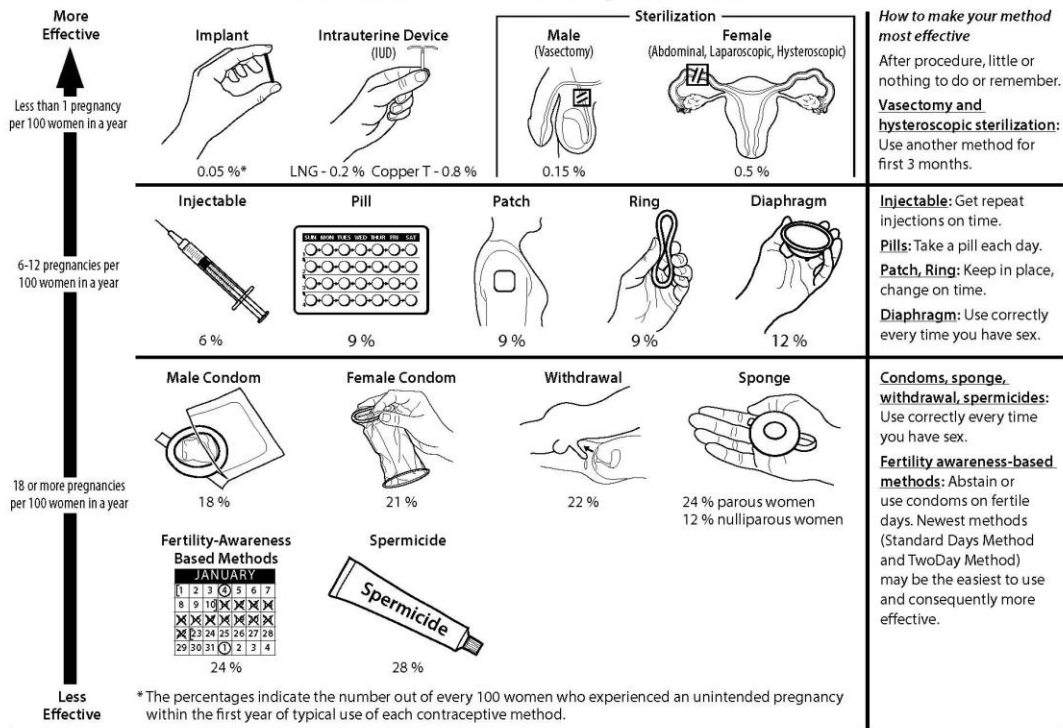
5. People's plans change. Is it possible you and/or your partner could ever decide to become pregnant again?

Help the patient realize that plans can change, but she has the power to make deliberate actions and decisions regarding pregnancy.

6. What family planning method do you plan to use to ensure you and your partner do not become pregnant (until you are ready)?

Review the chart on the back of this page with the client and ensure the patient understands the effectiveness of each family planning method. Ensure the patient understands what actions she needs to take to increase effectiveness. (Questions continue on back)

Effectiveness of Contraceptive Methods



How to make your method most effective
 After procedure, little or nothing to do or remember.
Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.

Injectable: Get repeat injections on time.
Pills: Take a pill each day.
Patch, Ring: Keep in place, change on time.
Diaphragm: Use correctly every time you have sex.

Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.
Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention

CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.

Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from WHO's Family Planning: A Global Handbook for Providers (2001) and Trussell et al (2011).

Current Birth Control: _____ Desired Birth Control: _____

7. How sure are you that you will be able to use this method without any problems?

- Confident
- Not Confident (refer back to question 6)

8. What do you need to do to ensure that you access the family planning method we discussed and use it affectively?

Educate the patient on where she can go to access her selected method. If she needs to see a provider and does not have one, help her locate the closest location. If the client is on Medicaid, inform her that all Medicaid providers must provide family planning methods at no cost.

For nurse use: please record the dates you follow-up on this plan with the woman and record any changes or comments

Date: _____	Comments: _____
Date: _____	Comments: _____
Date: _____	Comments: _____
Date: _____	Comments: _____