Moving from Reproductive Life Planning to Exploring Reproductive Desires and Family Formation

April 29, 2026

JSI

New York State Family Planning Training Center
nysfptraining.org

CME Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Medical Society of the State of New (MSSNY) and the New York State Family Planning Training Center.

The Medical Society of the State of New York designates this live activity for a maximum of 1.00 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Financial Relationship Disclosures

None of the individuals in control of content have relevant financial relationships to disclose.

Learning Objectives

State increased knowledge and competence in screening for reproductive and family building desires

Identify specific screening tools appropriate for diverse clinical settings

Describe how screening can be incorporated into team-based care workflows

Session Overview

Agenda
Welcome + Grounding
History
Current Approaches
Implementation
Resources and Wrap Up

Welcome and Grounding

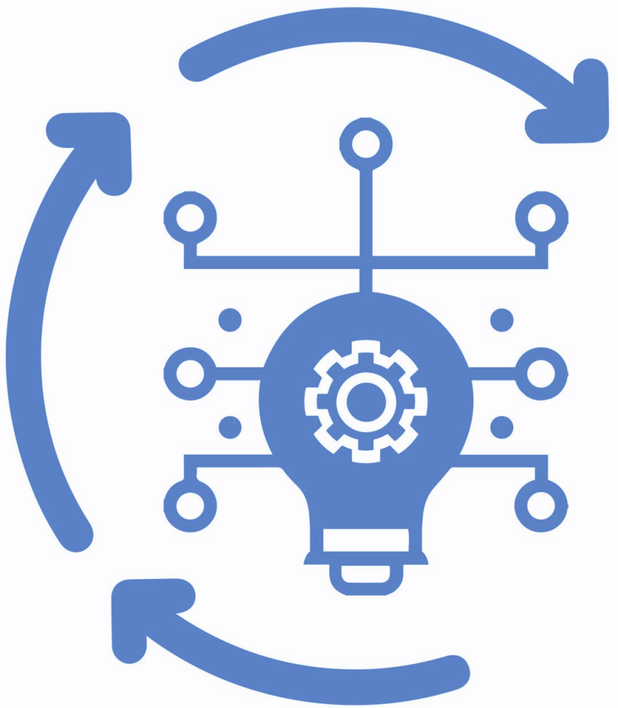
Audience Question

How have conversations around contraception, family planning, and family building changed over the years?

Please come off mute or share in the chat!

RLP as the Previously Recommended Approach

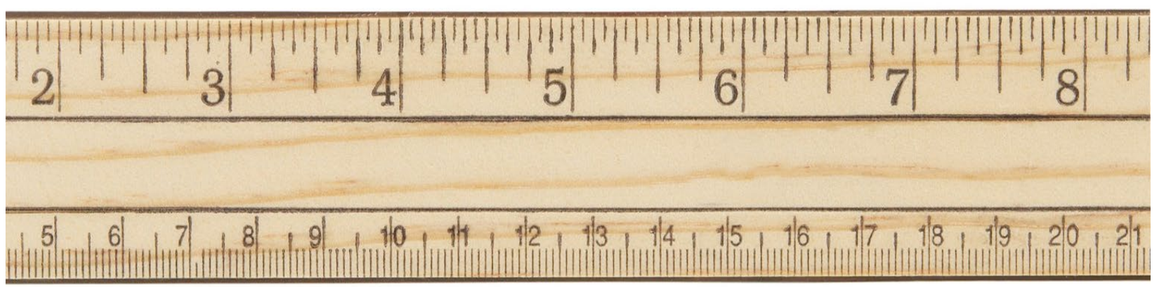
- Thought the "planning" concept could positively impact:
  - Unintended pregnancies
  - Birth outcomes
- Led to many iterations of reproductive life planning (RLP)



Why Move Away From Reproductive Life Planning?

The assumption:

high control and linear planning



The reality:

ambivalence and complexity

Source: Office of Population Affairs. (2024). Providing quality family planning services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024). *American Journal of Preventive Medicine*, *67*(6S), S41–S86.

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What We Know About Pregnancy Ambivalence

- Approx. 14%–38% of non-pregnant women express conflicting feelings about future pregnancy
- Those experiencing pregnancy ambivalence:
  - 3.3x more likely to rely on less effective birth control methods
  - Poorer prenatal care entry
  - Increased risk of anxiety and depression during pregnancy/postpartum

Sources: Higgins et al., 2012; **Schwarz et al.**, 2007; **Bruckner et al.**, 2004; **Patel et al.**, 2015; **Gomez et al.**, 2019.

What We Know About Pregnancy Acceptability

- Intention ≠ Feelings About Pregnancy (Acceptability)
- Recent discussions in the literature have leaned into the concept of acceptability vs. intention
  - Novel framework, so integration is limited within broader health systems at present
- Depending on approach, reproductive desires can be a conversation starter that includes discussing acceptability

Source: Borrero, S., Judge-Golden, C., Dehlendorf, C., Callegari, L.S., Hamm, M.E., Cameron, F.A., Switzer, G.E., Wulf, S. and Mosley, E.A. (2026). Moving Beyond Unintended Pregnancy: Development of a Person-Centered Conceptual Framework and Measure of Self-Assessed Pregnancy Acceptability. Studies in Family Planning, 57: 5-25. https://doi.org/10.1111/sifp.70044

Pregnancy Intention Screening in NYSFPP

Pregnancy Intention	Year of Visit	
	2024	2025
Desired Now/Sooner	5.6%	5.0%
Not Desired/Desired Later	71.2%	72.8%
Unsure	17.7%	16.2%
OK Either Way	5.6%	6.0%

Source: NYSDOH Family Planning Program

Why Screen for Reproductive Desires and Needs?

- Identify needed services
- Helps clients articulate their needs and desires
- Supports healthier outcomes

Source: Office of Population Affairs. (2024). Providing quality family planning services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024). *American Journal of Preventive Medicine*, *67*(6S), S41–S86.

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QFP 2024 Guidelines

Source: Office of Population Affairs. (2024). Providing quality family planning services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024). *American Journal of Preventive Medicine*, *67*(6S), S41–S86.

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Screening for Reproductive Desires and Related Care: Considerations

- Variety of approaches
- Select tool(s) based on setting, populations, medical record
- Two primary screening frameworks recommended:
  - Reproductive desires
  - Service based

Approaches to Standardized Screening for Reproductive Desires

RHNTC REPRODUCTIVE HEALTH NATIONAL TRAINING CENTER

Screening for reproductive desires is recommended for every client during the initial visit and regularly thereafter as determined by client need. Each of the screening tools listed below prompts a provider to initiate a shared decision-making conversation focused on a client's reproductive health needs. Understanding the nuances of each of the four approaches will enable providers to decide which one makes the most sense to use with a client, as well as within a particular community and health care setting.

Is your agency funded by the Title X Program?
Clients who respond to a reproductive desires screening question(s) qualify as a Title X Program client for Family Planning Annual Report (FPAR) purposes.

SAMPLE TOOLS	TOOL CONTENT	CONSIDERATIONS
Reproductive desires		
Parenthood/ Pregnancy Attitude, Timing, and How important is pregnancy prevention (PATH)[1]	*Three questions:* 1. Do you think you might like to have (more) children at some point? 2. When do you think that might be? 3. How important is it to you to prevent pregnancy (until then)?	• Time frame open to client interpretation • Allows for client ambivalence • Can be modified to be applicable to both people who have never had children and people who already have children • No structured response options, open-ended conversation • Subsequent questions can be modified based on answers to previous questions • Job aids, videos, and other resources available through the RHNTC and Envision SRH in the public domain at no cost
One Key Question (OKQ)[2]	*Single question/prompt:* Would you like to become pregnant in the next year? You can answer yes, no, unsure, or okay either way.	• Time-oriented • Can be programmed into the electronic health record (EHR) and used in conjunction with electronic clinical quality measures (eCQMs) • Most-studied of these approaches and studies showed it had minimal impact on clinical workflow during its implementation. • OKQ training and resources, including follow-up prompts, available through Power to Decide for a cost • Less allowance for client ambivalence • May miss those wanting pregnancy within 12 months, but not presently
Service-based		
Reproductive Health Services-Based Screening Question (RHSSQ)[4]	*Single question/prompt:* Can I help you with any reproductive health services today, such as preventing pregnancy or planning a healthy pregnancy?	• Allows for client ambivalence • Allows for an expansive range of SRH services by allowing clients to identify the services they want and reduces risk of provider bias • Least studied question of those included in this table, however, studies confirmed that clients interpreted the question as it was intended
Self-Identified Need for Contraception (SINC)[3]	*Single question/prompt:* We ask everyone about their reproductive health needs. Do you want to talk about contraception or pregnancy prevention during your visit today?	• Timeline open to client interpretation • Allows for client ambivalence • Can be programmed into the EHR and used in conjunction with eCQMs, in addition to being a stand-alone needs assessment question • Implementation resources, including follow-up prompts, available through University of California San Francisco in the public domain at no cost

Source(s): Office of Population Affairs. (2024). Providing quality family planning services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024). *American Journal of Preventive Medicine*, *67*(6S), S41–S86; RHNTC Approaches to Standardized Screening for Reproductive Desires Job Aid

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Framework 1: Reproductive Desires

PATH

P/A - Parenthood/Pregnancy Attitude: Do you think you might like to have (more) children at some point?

T - Timing: When do you think that might be?

H - How important is it to you to prevent pregnancy (until then)?

One Key Question (OKQ)

Would you like to become pregnant in the next year?

Source: Office of Population Affairs. (2024). Providing quality family planning services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024). *American Journal of Preventive Medicine*, *67*(6S), S41–S86.

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Framework 2: Service Based

Self-Identified Need for Contraception (SINC)	Reproductive Health Services Screening Question
We ask everyone about their reproductive health needs. **Do you want to talk about contraception or pregnancy prevention during your visit today?**	**Can I help you with any reproductive health services today, such as preventing pregnancy or planning a healthy pregnancy?**

Source: Office of Population Affairs. (2024). Providing quality family planning services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024). *American Journal of Preventive Medicine*, *67*(6S), S41–S86.

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Poll 1: What Framework(s) Does Your Clinical Setting Use?

A. PATH - Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention
B. OKQ - One Key Question
C. SINC - Self-Identified Need for Contraception
D. Reproductive Health Services Screening Question
E. A combination of two frameworks named above
F. Something else

Putting It Into Practice

Opening the Door

- Screening is an invitation, not a checklist
- Let the client walk through and guide the direction
- Support the client in exploring their own desires

Source: Office of Population Affairs. (2024). Providing quality family planning services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024). *American Journal of Preventive Medicine*, *67*(6S), S41–S86.

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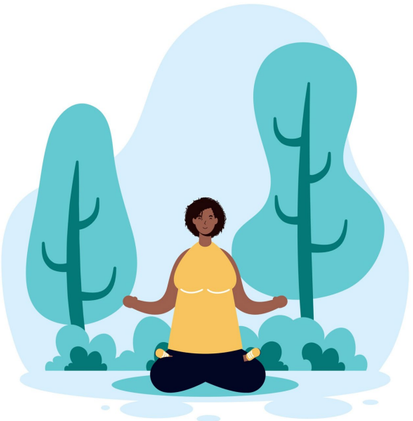
Take a Pause



- Stay in the exploration phase
- Don’t rush to birth control menus or solutions immediately
- Allow space for feelings, ambivalence, and complex narratives
- “Figure out where to go before you start driving”

Where Does Screening Direct Us?

A Shift In Language and Scope

~~Preconception health~~

- Old term: Implied a high level of planning and intent

Supporting a healthy pregnancy

- New term - relevant for anyone capable of pregnancy
- Integrate health optimization into routine care regardless of immediate intent (e.g. manage chronic conditions, daily folic acid supplement)

Practice Inclusive Conversations

- **Many reasons for contraceptive services**
- **Language** - use gender-neutral terms
- **Structure** - recognize single parenting, co-parenting, and non-biological families
- **Assumptions** - avoid assuming a partner or a specific trajectory or circumstance

Implementing at Your Site

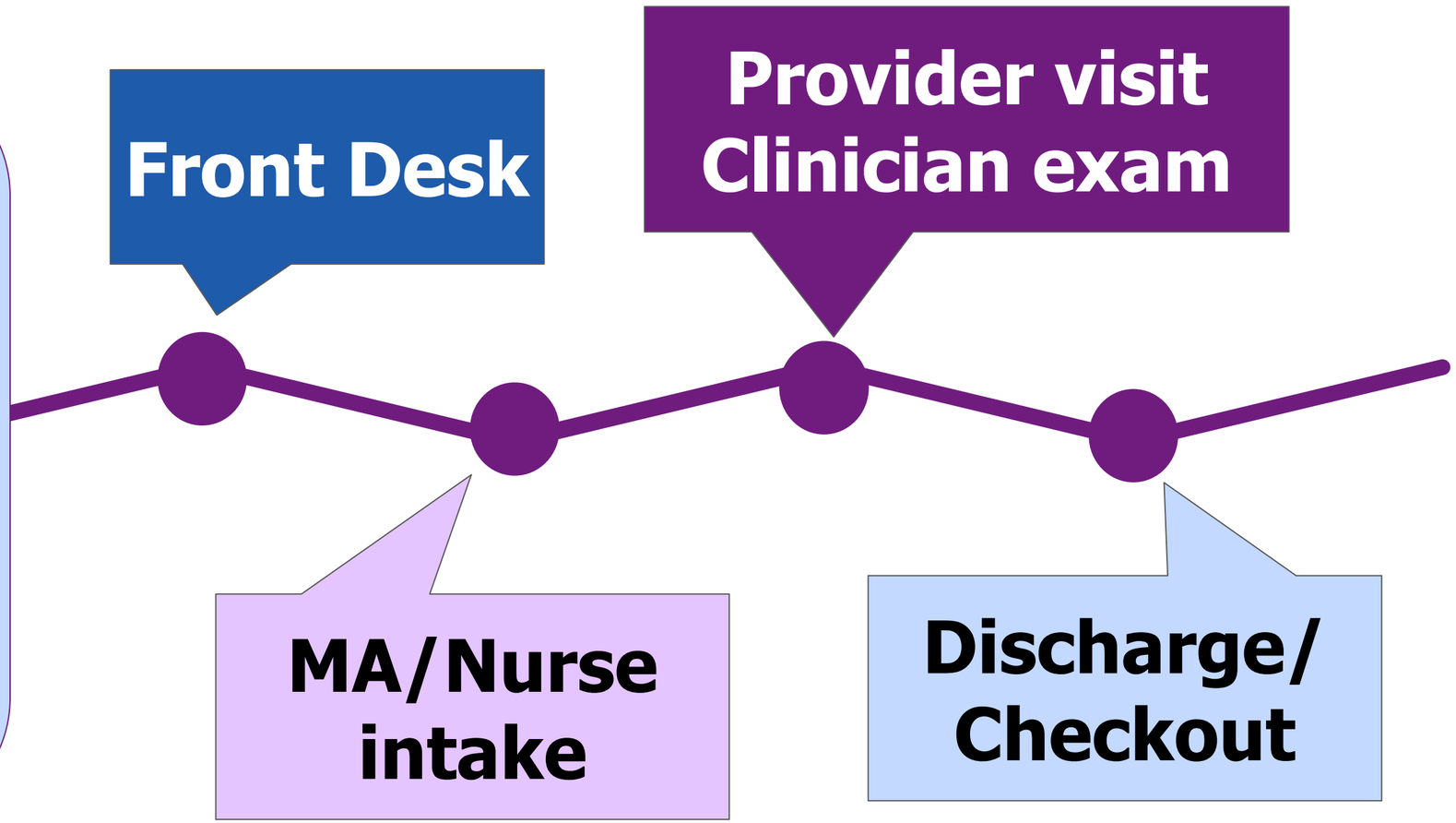
- Who
- When
- How to capture

Poll 2: Where in the clinic flow are reproductive desires addressed in your clinical setting?

A. On intake/registration form
B. With health educator (before or during the visit)
C. During rooming
D. During clinician visit
E. Other - please add to chat!

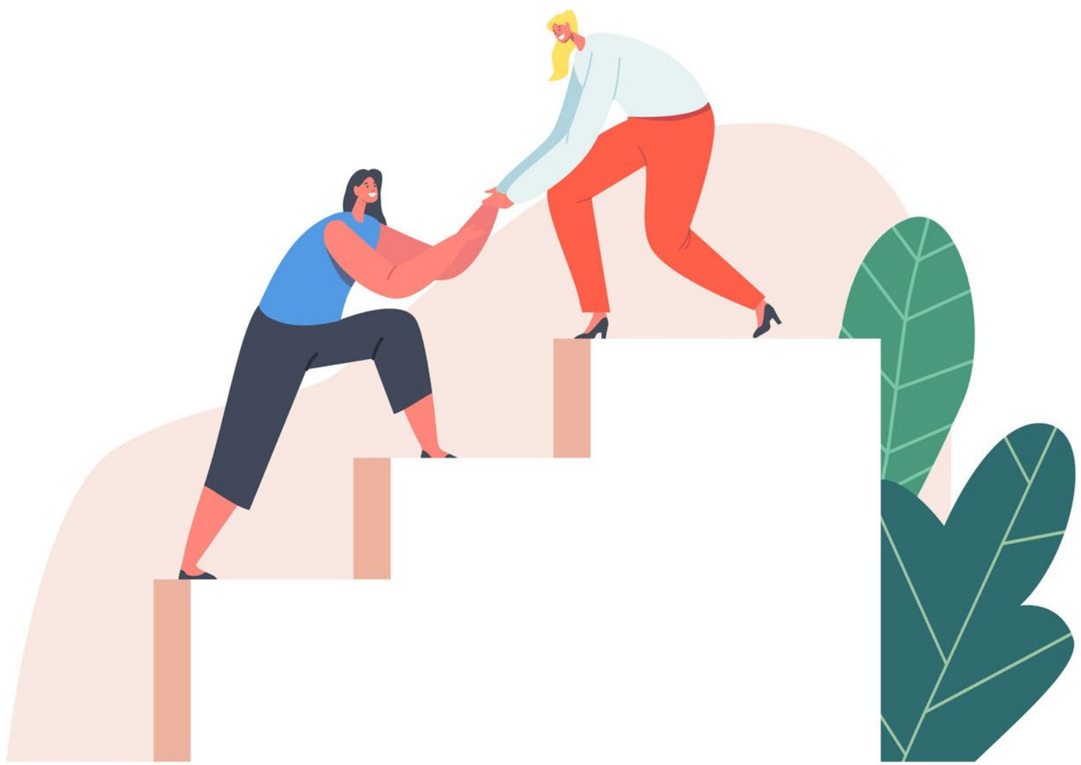
Team-based Care

- Screening at multiple touchpoints
- Continuity throughout visit
- Reduce burden on single staff member



The Initiators - Often MAs or Nurses

- **The shift** - transforming data entry into client support
- **The result** - empowered staff and increased job satisfaction



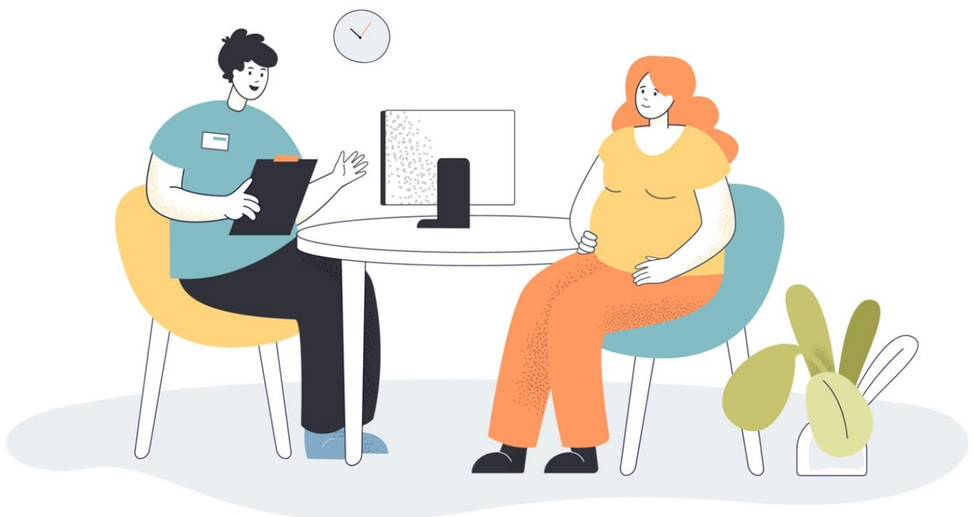
The Clinician's Integration

- **Pick up the baton:** continue the conversation started by the MA
- **Add nuance:** deepen the discussion based on medical context
- **Goal:** connect the medical reality to the desire identified during screening

Providing a Warm Handoff

- **Addresses the problem:** clients retelling trauma or private details
- **Provides a solution:** "I've already spoken with X and they shared Y with me."
- **Makes an impact:** Builds trust and validates client's time.

The Fluidity of Information



- Stories shrink and expand
- Information often changes throughout a visit
- Be adaptable to new information without judgement

Poll 3: Does your clinical setting have screening for reproductive desires embedded in the electronic health record?

A. Yes
B. No
C. Unsure

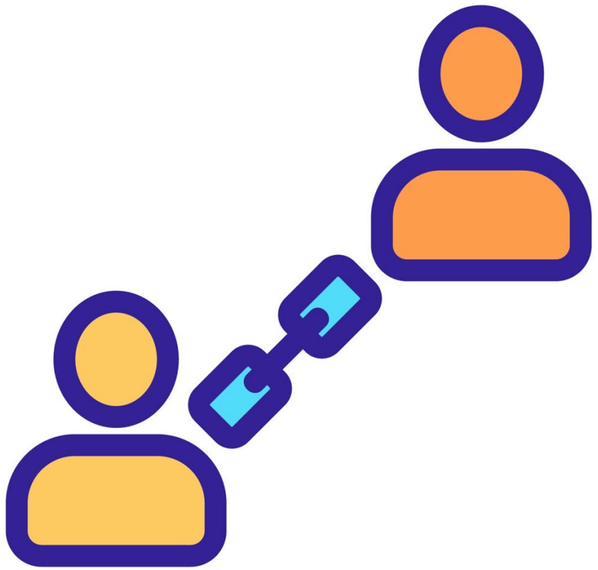
Operationalizing: Capture and Frequency

- Documentation considerations
  - Embedding the screening tool in the EHR or visit forms
  - Framing and lead in language or script to support staff
- Frequency of screening
  - QFP recommends at first encounter and then on regular basis (at least once every year or more as indicated)

Source(s): Office of Population Affairs. (2024). Providing quality family planning services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024). *American Journal of Preventive Medicine*, *67*(6S), S41–S86; Cason P, Cwiak C, Edelman A, Kowal D, Marrazzo J, Nelson A, Policar M. (2025) *Contraceptive Technology* (22nd ed) Jones & Bartlett Learning.

Ensure Solid Referrals

- Provide continuity of care
- Have a solid referral system
  - Support pregnancy
  - Fertility services
  - Infertility services
  - Contraceptive methods not on-site



Training Staff

- **NYS Family Planning Program requirements**
  - All staff engaged in direct patient care during FP visits must complete: RHNTC Client-Centered Contraceptive Counseling Skills eLearning module at least once per project period of 5 years
- **Other training options**
  - PICCK What's Important: A Patient-Centered Approach to Contraceptive Counseling (Free; 4.5 hrs of CME, CNE, SW, and IPCE credits)
  - Essential Access' synchronous and asynchronous training options
  - RHNTC Support for Achieving a Healthy Pregnancy eLearning

Upcoming NYSFPTC Events: April - June

- **Staff Retention Series**
  - May 12 (12-1pm EST)
  - June 3 (12-1pm EST)
- **Administrators & Clinic Managers Affinity Group**
  - May 21 (12-1pm EST)
- **FQHC Affinity Group**
  - June 16 (12-1pm EST)
- **Fall 2026 Clinical Case Series (Sept, Oct, Nov) - registration coming this summer!**

Resources

- RHNTC Approaches to Standardized Screening for Reproductive Desires Job Aid
- RHNTC Client-Centered Contraceptive Counseling Skills eLearning
- RHNTC Client-Centered Reproductive Goals and Counseling Flow Chart
- RHNTC Using Fertility Awareness-Based Methods (FABMs) to Achieve Pregnancy
- RHNTC Preconception Counseling Checklist
- RHNTC Support for Achieving a Healthy Pregnancy eLearning
- RHNTC Fertility and Infertility Services in Family Planning Care Toolkit
- QFP Guide
- PICCK What's Important: A Patient-Centered Approach to Contraceptive Counseling
- Essential Access' synchronous and asynchronous training options

Q&A

References

Bruckner, H., Martin, A., & Bearman, P. S. (2004). Ambivalence and pregnancy: Adolescents' attitudes, contraceptive use and pregnancy. Perspectives on Sexual and Reproductive Health, 36(6), 248–257. https://doi.org/10.1363/psrh.36.248.04

Cason, P., Cwiak, C., Edelman, A., Kowal, D., Marrazzo, J., Nelson, A., & Policar, M. (2025). Contraceptive technology (22nd ed.). Jones & Bartlett Learning.

Gómez, A. M., Arteaga, S., Villaseñor, E., Arcara, J., & Freihart, B. (2019). The misclassification of ambivalence in pregnancy intentions: A mixed-methods analysis. Perspectives on Sexual and Reproductive Health, 51(1), 7–15. https://doi.org/10.1363/psrh.12088

Higgins, J. A., Popkin, R. A., & Santelli, J. S. (2012). Pregnancy ambivalence and contraceptive use among young adults in the United States. Perspectives on Sexual and Reproductive Health, 44(4), 236–243. https://doi.org/10.1363/4423612

Office of Population Affairs. (2024). Providing quality family planning services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024). American Journal of Preventive Medicine, 67(6S), S41–S86. https://doi.org/10.1016/j.amepre.2024.09.007

Patel, P. R., Laz, T. H., & Berenson, A. B. (2015). Patient characteristics associated with pregnancy ambivalence. Journal of Women's Health, 24(1), 37–41. https://doi.org/10.1089/jwh.2014.4924

Schwarz, E. B., Lohr, P. A., Gold, M. A., & Gerbert, B. (2007). Prevalence and correlates of ambivalence towards pregnancy among nonpregnant women. Contraception, 75(4), 305–310. https://doi.org/10.1016/j.contraception.2006.12.002

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