

Update: Providing Quality Family Planning Services — Recommendations from CDC and the U.S. Office of Population Affairs, 2015

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In 2014, CDC published *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP)*, which describes the scope of services that should be offered in a family planning visit, and how to provide those services (e.g., periodicity of screening, which persons are considered to be at risk, etc.). The sections in *QFP* include Contraceptive Services, Pregnancy Testing and Counseling, Clients Who Want to Become Pregnant, Basic Infertility Services, Preconception Health Services, Sexually Transmitted Disease Services, Related Preventive Health Services, and Screening Services for Which Evidence Does Not Support Screening.

CDC and the Office of Population Affairs (OPA) developed *QFP* recommendations by conducting an extensive review of published evidence, seeking expert opinion, and synthesizing existing clinical recommendations from CDC, agencies such as the U.S. Preventive Services Task Force (USPSTF), and professional medical associations such as the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics.

The scope of preventive services related to reproductive health is constantly evolving as new scientific findings are published, and clinical recommendations are modified accordingly. Being knowledgeable about the most current recommendations is an important step toward providing the highest quality care to patients.

This report summarizes updated recommendations released from the time *QFP* was issued in April 2014 through the end of 2015. Recommendations are based on newly published findings or revisions in recommended best practices. Updates that have implications for clinical practice are highlighted (Box). In addition, an updated reference list is provided for guidelines published in 2014 and 2015 that did not result in any change in recommended practices for family planning providers.

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Box. Updated Recommendations That Might Have Implications for Clinical Practice, by Section Heading — *Providing Quality Family Planning Services: Recommendations from CDC and the U.S. Office of Population Affairs (QFP)*, 2015

Preconception Health Services

Blood pressure

- The 2015 U.S. Preventive Services Task Force (USPSTF) recommendation reaffirms the 2007 recommendation to screen routinely for high blood pressure in adults (grade A*).
- The 2015 statement explains how to perform office blood pressure measurement and emphasizes the need to confirm a diagnosis of hypertension outside of the clinical setting. The 2015 statement recommends optimal screening intervals for diagnosing hypertension in adults, such as annual screening for persons at increased risk (i.e., African American, high normal blood pressure, obese or overweight, aged >40 years) and every 3–5 years in persons at low risk (adults aged 18–39 years with no risk factors).

Source: USPSTF. Screening for high blood pressure in adults. Rockville, MD: US Department of Health and Human Services, Agency for Healthcare Research and Quality; 2015. <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/high-blood-pressure-in-adults-screening>.

Diabetes

- The 2008 USPSTF statement recommended screening for diabetes in asymptomatic adults with hypertension (defined as sustained blood pressure of >135/80mm Hg).
- The 2015 updated statement recommends screening for diabetes in adults aged 40–70 years who are overweight or obese, and referring patients with abnormal glucose levels to intensive behavioral counseling interventions to promote a healthful diet and physical activity (grade B[†]).

Source: USPSTF. Screening for abnormal blood glucose and type 2 diabetes mellitus. Rockville, MD: US Department of Health and Human Services, Agency for Healthcare Research and Quality; 2015. <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes>.

* A USPSTF grade A recommendation indicates there is high certainty that the net benefit is substantial. <http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>.

[†] A USPSTF grade B recommendation indicates there is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. <http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>.

Box. (Continued) Updated Recommendations That Might Have Implications for Clinical Practice, by Section Heading — *Providing Quality Family Planning Services: Recommendations from CDC and the U.S. Office of Population Affairs (QFP), 2015*

Sexually Transmitted Disease (STD) Services

STD Treatment

- The 2015 CDC STD treatment guidelines changed the age for screening sexually active young females for chlamydia from ≤ 25 years to < 25 years. CDC and USPSTF recommendations are now aligned with regard to this age cutoff.
- Persons with HIV infection should be tested at least annually for hepatitis C.
- Transgender clients should be assessed for their STD- and HIV-related risks on the basis of current anatomy and sexual behaviors.
- There are alternative treatment options for several STDs, including gonorrhea and genital warts.

Source: Workowski KA, Bolan GA, CDC. Sexually transmitted diseases treatment guidelines, 2015. *MMWR Recomm Rep* 2015;64(No. RR-03).

Human Immunodeficiency Virus (HIV) Prevention for adults and adolescents with HIV

- The new CDC guidelines provide additional information about how to care for patients with HIV, which go beyond the level of care provided by most family planning service providers in primary care settings.
- The guidelines do not suggest any change from the original *QFP* recommendations with regard to screening for HIV.
- Family planning providers should be aware of these guidelines because they might help inform the referrals that they provide for HIV-positive clients.

Source: CDC, Health Resources and Services Administration; National Institutes of Health. Recommendations for HIV prevention with adults and adolescents with HIV in the United States, 2014. Atlanta, GA: CDC; 2014. <http://stacks.cdc.gov/view/cdc/26062>.

Box. (Continued) Updated Recommendations That Might Have Implications for Clinical Practice, by Section Heading — *Providing Quality Family Planning Services: Recommendations from CDC and the U.S. Office of Population Affairs (QFP), 2015*

Screening Services for Which Evidence Does Not Support Screening

Gonorrhea

- The previous USPSTF recommendation (2005) for gonorrhea recommended against routine screening for gonorrhea infection in men and women who are at low risk of infection (grade D[§]).
- The revised recommendation (2014) notes that evidence is insufficient (grade I[¶]) for screening for chlamydia and gonorrhea among men.
- Given this change in recommendations, gonorrhea screening for men is no longer a list of services for which evidence does not support screening, as was noted in Appendix F of *QFP*. However, because *QFP* recommends following CDC's STD Treatment Guidelines 2015, which recommend screening of males at risk, no change for practice is suggested.

Source: USPSTF. Screening for chlamydia and gonorrhea. Rockville, MD: US Department of Health and Human Services, Agency for Healthcare Research and Quality; 2014. <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening>.

§ A USPSTF grade D recommendation indicates moderate or high certainty exists that the services have no net benefit or that the harms outweigh the benefits. <http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>.

¶ A USPSTF grade I recommendation indicates that the current evidence is insufficient to assess the balance of benefits and harms of the service (i.e., evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined). <http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>.

Box. (Continued) Updated Recommendations That Might Have Implications for Clinical Practice, by Section Heading — Providing Quality Family Planning Services: Recommendations from CDC and the U.S. Office of Population Affairs (QFP), 2015

Screening Services for Which Evidence Does Not Support Screening (*Continued*)

Hepatitis B

- The previous USPSTF recommendation (2004) recommended against screening for chronic hepatitis B virus (HBV) infection in asymptomatic persons in the general population (grade D).
- The new recommendation (2014) advises screening among high risk populations, which include persons from countries with a high prevalence of HBV infection, HIV-positive persons, injection drug users, household contacts of persons with HBV infection, and men who have sex with men (grade B).
- Although USPSTF did not reaffirm the grade D recommendation for the general population, it made this comment: “The prevalence of HBV infection is low in the general U.S. population and most infected persons do not develop complications. Therefore, screening is not recommended in those who are not at increased risk.” Hence, the revised HBV screening recommendations do not suggest any change from the original *QFP* recommendation for populations at low risk.

Source: USPSTF. Screening for hepatitis B infection in nonpregnant adolescents and adults. Rockville, MD: US Department of Health and Human Services, Agency for Healthcare Research and Quality; 2014. <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/hepatitis-b-virus-infection-screening-2014>.

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Sexually Transmitted Disease Services

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