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NEW JERSEY

STANDARDS FOR FAMILY PLANNING SERVICES,

PERSONNEL AND PROGRAM STANDARDS

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NEW JERSEY STATE DEPARTMENT OF HEALTH.

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## STANDARDS FOR FAMILY PLANNING SERVICES

Family planning services are based on the right of every couple to decide how many children they will have and when they will have those children.

Family planning is part of the comprehensive health service which should be available to every individual. Therefore, every person with the capacity to reproduce should be considered eligible to receive this service.

The following medical standards for Family Planning Services are recommended:

### I. Personnel

#### A. Medical

All physicians working in a family planning facility should be licensed to practice in New Jersey and should be board certified or board eligible in obstetrics and gynecology, or have had special preparation in the field of family planning. The medical director should be responsible for developing and implementing written policies and procedures to be used in the family planning facility.

#### B. Nursing

A registered professional nurse with special preparation in the field of family planning, licensed to practice in New Jersey, should be designated as nurse in charge. She should be responsible for the nursing activities of the Family Planning Service. Registered nurses, licensed practical nurses, and nursing aides should work under her supervision. Their number should be determined by size and needs of the clinic. Continuing educational programs should be provided for the staff.

#### C. Social Service

The family planning service should have a qualified social worker on its staff or her services should be made available as needed by contract with another agency.

#### D. Nutrition Service

Consultative service by a qualified nutritionist is desirable.

## E. Ancillary Staff

Ancillary Staff should be assigned to perform nonprofessional functions under the direction of the professional staff.

### 1. Neighborhood Workers

After completing a satisfactory course of instruction in family planning, the neighborhood worker should work in the community. It should be his or her responsibility to interest and inform local residents that family planning services are available. The worker should also do follow-up of broken appointments and assist in other ways as his or her skills permit and the needs of the clinic require.

### 2. Clerical

The clerical staff should be responsible for registration (including keeping current the mailing address and a telephone number that may be used for follow-up when necessary), obtaining the family history, arranging appointments and mailing follow-up letters. They may also be called on to supervise children of waiting mothers.

### 3. Volunteers

The volunteers may be used in a variety of ways (clinical, clerical, receptionist, etc.), according to their individual skills.

## II. Medical Procedures

### A. New Patients

Each new patient should have the following services performed and data recorded:

1. Identifying data.
2. Health history, including details of menstrual and obstetrical history.
3. Complete physical examination, including breast and pelvic examinations, blood pressure and weight.
4. Laboratory and Clinical Tests:
  - a. Hemoglobin or hematocrit and a sickle cell test, where appropriate.

- b. Urine analysis (sugar and protein).
  - c. Serology
  - d. G.C. culture
  - e. Cervical cytology
  - f. Skin test for tuberculosis, or chest x-ray.
5. Appropriate referrals:
    - a. Medical
    - b. Social service
    - c. Nutrition
    - d. Other
  6. Family planning orientation and education.
  7. Specific instruction about prescribed method of contraception, including written as well as oral instruction.

B. Revisits by Patients:

At least once a year, but more often if medically indicated, the following services should be performed and recorded:

1. Complete physical examination, including breast and pelvic examination, blood pressure and weight.
2. Interval health history.
3. Laboratory and clinical tests:
  - a. Hemoglobin or hematocrit
  - b. Urine analysis (sugar and protein).
  - c. Serology
  - d. G.C. culture
  - e. Cervical cytology (every 6 months for women over 35)
  - f. Skin test for tuberculosis, or chest x-ray
  - g. Other laboratory work as indicated

Every patient should be evaluated individually. A contraceptive method which is compatible with the physician's evaluation of the patient's health status and with the patient's desire should be prescribed.

C. Patients Using Oral Contraceptives:

Follow-up:

1. 1-3 months following initial prescription.
  - a. Interview for teaching, instruction, and to assess complaints.
  - b. Blood pressure and weight should be checked.
  - c. Menstrual history should be reviewed.
2. Patient should be seen at least every 6 months thereafter, with a yearly examination as above.
3. If medication is given in clinic, it should be dispensed by a professional person fully cognizant of its pharmacological effects.

D. Patients Using Intrauterine Devices:

Follow-up:

1. 1-3 months following insertion of device.
  - a. A repeat pelvic examination with visual inspection of the cervix.
  - b. Blood pressure and weight
  - c. Careful menstrual history
  - d. Other complaints related to device.
2. Patient should be seen yearly thereafter.

E. Patient Using Diaphragm Method of Contraception:

At the initial visit, the patient should be instructed with a visual aid model.

After the fitting and instruction, the patient should be allowed ample time to insert and remove diaphragm herself before leaving the clinic.

Follow-up:

1. The patient should be seen 2-4 weeks after original fitting to determine if she is having any problems and to check her insertion and removal of the diaphragm. She should be instructed to use another method of contraception during 2-4 week period.

2. The patient should be seen at least yearly for examination and to check condition of diaphragm.

F. Patients Using Rhythm Method of Contraception:

Medical routine as above, plus instruction in the method. The couple should be seen together whenever possible.

Follow-up:

1. The patient should be seen in one month for instruction and assessing complaints.
2. The patient should be seen at least every 6 months for review of menstrual calendar and temperature charts.
3. A yearly examination should be done.

G. Patients Using Other Contraceptive Methods:

(Condoms, creams, pills, foams, etc.)

The medical routine as above, with proper instruction according to method, should be followed:

Follow-up:

1. As indicated by the patients needs.
2. Re-examination should be done at least once a year.

III. Additional Services

A. Pregnancy Testing and Referral

All family planning services should offer pregnancy testing for women of the community, and should make appropriate referrals for prenatal services as indicated.

B. Infertility Service

Help should be offered to the couple having difficulty having the children they desire.

Referral should be made to appropriate services.

C. Voluntary Sterilization

For couples who desire a sterilization procedure performed, appropriate referrals should be made.

IV. Facilities

A. Physical Facilities

Adequate space should be provided to carry out family planning services efficiently and with protection of privacy.

B. Clinics Not a Part of a Hospital Service

Clinics not an integral part of a hospital must meet the standards established for such clinics by the New Jersey State Department of Health.