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Policy to Encourage All Female ACHD Patients to Have Gynecological Care

Date Effective: MM/DD/YYYY

Type of Policy: Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

Purpose

Indicate why this policy is in place and the population it benefits.

Policy Statement

State the actual policy to encourage all female ACHD patients to have gynecological care. This statement can be a brief overview of the policy but should reference the ACHD team's involvement specifically.

Procedures

Describe in detail the strategies that are put in place to encourage female CHD patients to receive gynecological care. Please include details about:

- The age at which these conversations about gynecological health begin to take place
- Specific providers involved in the gynecological care discussion (ACHD providers and non-ACHD providers)
- The frequency with which gynecological care is discussed with ACHD patients (i.e., at what visits is gynecological care discussed)
- The topics that are covered during discussions
- Education materials provided to female ACHD patients about their gynecological care
- Methods to handle patients that are not receiving routine gynecological care

References

If applicable, please list any articles or other resources utilized to develop your institution's policy to encourage all female ACHD patients to have gynecological care.

Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** individuals listed below in order for the document to be valid:

- Medical Program Director of ACHD
- Head of Maternal Fetal Medicine (MFM)

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Helpful Tips

Please upload any documentation or examples of the above policy to the “additional files” section of your application.

Section R: Reproductive Services. These documents should be labeled with “**R1**” only in the title so that each policy/plan can be easily identified.