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Policy for Discussion with Patients of Appropriate Birth Control Methods and Sexual Function as it Relates to CHD

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 for discussion with patients about appropriate birth control methods and sexual function as it relates to their CHD. This statement can be a brief overview of the policy, but please reference when these discussions and/or assessments typically occur (i.e., what visits).

Procedures

Describe the specific procedures in place to ensure that this discussion occurs with ACHD patients. Please include details about:

- Visits during which these discussions occur
- Frequency of discussions
- Personnel involved in these discussions
- Tests or assessments performed
- Specific topics discussed
 - Sexual activity and any issues with sexual activity
 - Contraception and risks associated with it
 - Obstacles to care (i.e., insurance)
- Referral process to PCP or specialist provider
- Relationship between ACHD providers and PCP/specialist providers

References

If applicable, please list any articles or other resources utilized to develop your institution's policy on discussion with ACHD patients about appropriate birth control methods and sexual function as it relates to their CHD.

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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)

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 “**R2**” only in the title so that each policy/plan can be easily identified.