

[Official Institution Logo]



Policy to Ensure that All ACHD Patients Are Provided Pre-Pregnancy Counseling and Family Planning Advice

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 ensure that all ACHD patients receive pre-pregnancy counseling and advice about family planning. This statement can be a brief overview of the policy but please reference when these conversations typically occur (i.e., what visits).

Procedures

Describe the specific procedures and methods utilized to ensure that all ACHD patients receive pre-pregnancy counseling and family planning advice. Please include details about:

- The visits during which these discussions typically occur and when they typically begin
- The personnel involved in these discussions
- Procedures and/or assessments performed
- Specific topics discussed:
 - Social/sexual history
 - Genetic disorders
 - Risks of pregnancy
 - Fertility options
- Referral processes to specialist providers
- Procedures for high-risk patients
- 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 to ensure that all ACHD patients are provided pre-pregnancy counseling and family planning advice.

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:

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- 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 “**R3**” only in the title so that each policy/plan can be easily identified.