







NFP Family Planning Clinical Pathway ONTARIO

1 Lay the Foundation

Timeline: Pregnancy Visits 1-7 (may have to move to step 2 of the pathway more quickly if client is enrolled later in pregnancy)

Goal: develop rapport with client and build a trusting relationship to support their family planning goals

Forms/Facilitators/Resources:

- Refer to A Guide to Taking a Sexual History 
 - Clinical framework for discussing sexual health with clients provides example discussion points and questions that may be asked during your visits
- Complete Maternal Health Assessment Form (pregnancy visits 1-4)
 - Opportunity to learn about client's relevant history, knowledge, experience and goals related to family planning, birth control and reproductive/sexual health when asking about their obstetric history, general health history (including STI's) and the outcomes of any previous pregnancies
- Complete Life History Calendar (pregnancy visits 1-4) 
 - Activity to learn more about client and their history
 - Opportunity to explore if/when client may have been exposed to trauma and violence across the lifespan and consider the impact on client's sexual and reproductive health and behaviours
- Discuss "How is it Going Between Us?" (pregnancy visit 5) 
 - Facilitate/promote client engagement in the program
 - Elicit feedback on the nurse-client relationship and how it can be improved to meet their unique needs and support their goals
- Utilize "Family Planning & Sex" Facilitators if appropriate 
 - Consider introducing once you have established trust with the client using the previous steps (Visit-to-visit Guidelines suggest as program topic for pregnancy visit 8)
 - Opportunity to elicit client's knowledge, questions, and goals in preparing how best to approach the subject of family planning and support client at future visits

2



Pregnancy

ASSESSMENT

Timeline: Pregnancy Visits 8+

Goal: Explore client knowledge on family planning methods, goals and desires related to family planning and/or birth control. Understand the available options/access to birth control methods for the client.

Forms/Facilitators/Resources:

- Utilize “Family Planning & Sex” Facilitators (program topic for [pregnancy visit 8](#)) 
- With client consent, review “Sexuality & Family Planning” Facilitator
 - If red flags are identified (e.g. If client answers “no” to #6, #8, #9, #10) consider following up with facilitators “What is Intimacy?” and “Sex: Yes or No?” (as per nursing instructions)
 - If client discloses exposure to current or past IPV including any form of reproductive or sexual coercion, consider this a client-initiated disclosure on the IPV Clinical Pathway, and follow up with a Clinical IPV Assessment 

3

Postpartum

NURSING DIAGNOSIS




PLANNING

IMPLEMENTATION

Timeline: Infancy visits 1-6

Goal: Provide health teaching for any gaps in knowledge on family planning, pregnancy spacing and available birth control options. Address any misconceptions and provide client with tools and resources for selecting and accessing the family planning method most appropriate for them. Assess for red flags re: IPV and reproduction coercion. Support, refer and advocate for access to desired family planning method as needed.

Forms/Facilitators/Resources:

- Utilize “What about Family Planning and Sex” Facilitators (program topic for [infancy visit 4](#)) 
- Discuss “What about Sex after Pregnancy” Facilitator 
 - Assess feelings about sex in the postpartum period and provide health teaching about the risk of pregnancy occurring in first 6 weeks
- Consider “Sexuality and Family Planning” and “Is it Time to Have Another Baby?” Facilitators 
 - Gain understanding of client’s current understanding of birth control and pregnancy prevention, and desires for method of pregnancy prevention

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- Determine client's desires for their future family
 - Assess for Reproductive Coercion (Reproductive Health and Partner Violence Guidelines) [🔗](#)
 - Assess for red flags of reproductive coercion and IPV. Red flags may include inconsistent/no contraceptive use, frequent requests for emergency contraception and/or frequent medical visits for pregnancy and STI testing¹. Questions to ask the client could include: Do they feel comfortable saying no to their partner? Can they talk to partner about birth control and able to express their feelings about birth control? If the client discloses controlling behaviour from their partner such as birth control sabotage, pregnancy pressure or pregnancy coercion, consider this a client-initiated disclosure and follow up with Clinical IPV Assessment [🔗](#)
 - Consider "Pregnancy Spacing" Facilitator [🔗](#)
 - Opportunity to provide education on risks of spacing pregnancies too close together
 - Allow client to explore feelings on desires for more children, when would be the best time to do so, and imagining what their life may look like if they had another child
 - Utilize motivational interviewing techniques and strategies
 - Present "Sex and U: It's a Plan" Quiz [🔗](#)
 - Explores client desires and previous medical conditions to provide suitable contraceptive options with benefits and risks of each
 - Opportunity to discuss misconceptions/myths surrounding birth control options
 - If client is breastfeeding, discuss recommended birth control options for the duration of their breastfeeding journey (may consider a short-term contraceptive while breastfeeding if appropriate)
 - Support client to advocate for their contraceptive needs with their primary care provider
 - Review "TVIC: Warm Referrals" (PHN PREP Resource) [🔗](#)
 - Utilize a warm referral process for supporting clients to access to any providers for their reproductive/sexual health and birth control needs (especially those with a history of trauma, violence and/or negative experiences with past providers)
- Note: If the client expresses they are not interested in spacing their pregnancies, utilizing a form of contraceptive, or discussing either, the nurse should revisit approaching the topic at Infancy Visit 6

4



Infancy/Toddlerhood

EVALUATION

Timeline: Infancy Visit 6 - Graduation

Goal: Support the client in their family planning goals, assess for any changes to their goals and determine if any chosen methods of birth control are working for them

Forms/Facilitators/Resources:

- Review “Using Birth Control” Facilitator 
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 - If currently using contraception, ask if they’ve had any issues (compliance, likes/dislikes, side effects, comfort, confidence, cost etc.)
 - Consider “Planning My Family” Facilitator (“Partner” version also available) 
 - Consider reviewing facilitator content to reinforce previous learning on risks of pregnancies spaced too closely
 - Clarify if goals for family planning remain the same, if changes have occurred, talking these over with client
- Assess for reproductive coercion again (see step 3 for more detail)
 - Does client feel safe and accepted using chosen form of birth control with partner?
 - Does partner support client’s goals and desires for family planning?
- Continue to Assess Family Planning goals and contraceptive use through discussion prompted when completing the **NFP Client Intake Update form** when the child is 6 months old, 12 months old, 18 months old, and 24 months old

¹ Miller, E., & Silverman, J. G. (2010, September). Reproductive coercion and partner violence: Implications for clinical assessment of unintended pregnancy. Expert review of obstetrics & gynecology. Retrieved July 26, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3282154/>