Alameda County
Health Care for the Homeless
Alameda County
Health Care Services Agency

ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS
1404 Franklin Street, Suite 200
Oakland, CA 94612
TEL (510) 891-8950
FAX (510) 832-2139
www.achch.org

STANDIND ORDER FOR FAMILY PLANNING

Background: Homelessness during pregnancy poses significant risks to both mothers and infants. Unhoused women experience difficulty accessing prenatal and general healthcare, increasing the incidence of unidentified high-risk conditions and poor pregnancy outcomes. Women who are unhoused often lack access to a consistent form of contraception, STI screening, and safe sex supplies. Reducing the rate of unintended pregnancies among homeless women reduces the overall prevalence of maternal and infant mortality and morbidity and increases the chances that women will achieve their health and housing goals that may be complicated by unintended pregnancy.

Screening for contraceptive needs: All females of reproductive age should be screened for contraceptive needs. Inquiries around the need for contraception do not require in depth sexual histories. Questions such as "do you think you might get pregnant this year?" or "do you need a method to prevent pregnancy?" are sufficient. Any female who expresses the need for access to contraception should be offered contraceptive counseling.

Examining client preference around contraceptive methods: After considering contraindications patient preference is the most important factor in choosing a method of contraception. Adherence to contraceptive methods is strongly correlated with patients' participation in a shared decision-making process around method selection. Patient preference outweighs provider concerns about adherence or practicality.

STI screenings: STI screenings should be offered to any sexually active female once a year, or more frequently in the presence of symptoms. A confirmed or suspected sexually transmitted infection is not an indication to delay initiation of contraception.

Back up methods: Any client receiving contraception should also be offered condoms for back up prevention of pregnancy and protection from sexually transmitted infection Given the limited access to healthcare experienced by homeless women it is reasonable to offer emergency contraception for back up if contraceptive methods are inaccessible.

Referrals for contraception: Several long-term reversible methods of contraception exist and may be more appropriate for women who are homeless including:

- Hormonal intrauterine devices are 99.9% effective and last 3-8 years depending on manufacturer
- Copper intrauterine devices are 99.9% effective and can be effective for up to 12 years.
- Etonogestrel implants are placed in the subcutaneous tissue of the upper arm and are 99.9% effective at preventing pregnancy for 3 years.

All long-term reversible forms of contraception can be removed by a healthcare provider at any point after initiation and removal results in an immediate return to fertility. Clients interested in these methods should be referred to a community health center or to Planned Parenthood.

The following chart summarizes contraceptive methods that can be initiated by street and shelter health teams.

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	Efficacy (rate of pregnancy prevention over one year)	**Administration**	**Benefits**	**Special considerations**
Progestin only oral contraceptives (POPs)	Perfect use: 99.7% Typical use: 93%	Oral, daily, must be taken at the same time every day.	Appropriate for women who cannot take estrogen	Requires daily medication adherence for maximum efficacy
Combined estrogen-progestin oral contraceptives (COCs)	Perfect use: 99.7% Typical use: 93%	Oral, daily, preferable at the same time every day.	Low side effect profile	Excludes women who cannot take estrogen Requires daily medication adherence for maximum efficacy
Depot Medroxyprogesterone acetate (DepoProvera)	Perfect use: 99.8% Typical use: 96%	Intramuscular injection, every 13 weeks	Private method of contraception Does not require regular self-administration client Regular contact with client increases opportunities for sexual health screenings	Delayed return to fertility
Combined estrogen-progestin transdermal patch	Perfect use: 99.7% Typical use: 93%	Transdermal. Patch is placed once a week for 3 weeks, then removed for one week.	Available to women who cannot take estrogen Weekly administration may be easier than daily administration	Excludes women who cannot take estrogen Cannot be given to women with a BMI > 30
Emergency Contraception (Plan B)	Effectiveness decreases as time from sexual encounter increases.	Can be taken up to five days after an unprotected or under protected sexual encounter	Appropriate for women who cannot take estrogen Available over the counter.	Not intended to be a form of primary contraception

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Medical Director

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Date

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