**Miscarriage Care Initiative Application**

Applications for the 2019-2020 Miscarriage Care Initiative will be will be accepted from **May 24th through July 26th, 2019**. Submissions will be reviewed on a rolling basis. Email the completed application form, including the Clinical Champion’s completed Addendum and CV, to the Program Manager, Jordan Silverman, at jordan@reproductiveaccess.org.

You may also mail your materials to the Reproductive Health Access Project, PO Box 21191, New York, NY 10025.

**Applicant Organization:**

**Executive Director/CEO:**

**Phone:**

**Email:**

**Project Director Name & Title:**

**Phone:**

**Email:**

**Clinical Champion Name & Title (if different from Project Director):**

**Phone:**

**Email:**

**Applicant Organization Address:**

 Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name of Clinical Project Site (if different from applicant organization):**

 **Address of Project Site (if different from organization address):**

**Street:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **State:** \_\_\_\_\_\_\_\_\_\_  **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Project Site** (check all that apply):

\_\_\_ Community Health Center (FHQC) \_\_\_ Family Planning Clinic

\_\_\_ Private Practice \_\_\_ Hospital

\_\_\_ Residency:

 Affiliation: Number of Residents:

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Is the applicant organization religiously affiliated?**  Yes No

 **Does the project site offer prenatal care?** Yes No

**If yes, what is the approximate number of patients seen per year?**

 **Does the project site have access to an ultrasound machine?** Yes No

**If yes, is the ultrasound machine used to** …

… determine the gestational age of a pregnancy? Yes No

… help with difficult IUD removals or IUD localization? Yes No

… evaluate for possible ectopic pregnancy? Yes No

… diagnose non viable pregnancies? Yes No

 **Which contraceptives are currently offered at the project site?** (Check all that apply)

 \_\_\_ Oral Contraceptives \_\_\_ IUD

 \_\_\_ Barrier Methods (condom, diaphragm, spermicide) \_\_\_ Ring

 \_\_\_ Patch \_\_\_ Depo-Provera

\_\_\_ Progestin Implant \_\_\_ Emergency Contraception

 \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Vasectomy

**Is the Clinical Champion or another project leader trained in Manual Vacuum Aspiration (MVA)?** Yes No

**Which of the following kinds of care for early pregnancy loss are currently available at the project site?** (Circle appropriate answer)

Expectant management Not Available Available at site Provided by:

Medication management

 *(Misoprostol only)* Not Available Available at site Provided by:

Medication management

 *(Misoprostol + Mifepristone)* Not Available Available at site Provided by:

Manual vacuum aspiration (MVA) Not Available Available at site Provided by:

**If you collect data on any of the following patient demographics, please provide breakdowns of your patient population for the categories below:**

 Race

 Ethnicity

 Medicaid/Private Insurance/Uninsured

 Sexual Orientation

 Gender Identity

 Languages Spoken

**Background Questions**

**1. Describe the clinical practice site where this project will be based. Please tell us about the local community, the patient population served, site staffing, and any other relevant information.**

**2. Describe the team who will be involved in implementing this project.**

**3. Please describe any barriers to providing care for early pregnancy loss in the project site.**

 **4. Describe how your patient population currently accesses care for early pregnancy loss.**

**5. Explain how you hope the Miscarriage Care Initiative will help expand access to care for early pregnancy loss at the project site.**

**6. Describe your plan for ensuring sustainability of the changes implemented through the Miscarriage Care Initiative.**

**The following questions are to be completed by the Clinical Champion.**

1. Describe a problem in the past that you identified and worked to resolve within your educational or clinical practice setting. Please be sure to address the following points:

* + Your process for researching possible solutions to the problem
	+ How you supported the learning of others in the project and your role as a leader
	+ Challenges that arose during implementation
	+ How you handled obstacles and challenges that you faced
	+ Where the project is now and how you ensured sustainability.