

7.1 POSITIVE PREGNANCY TEST RESULTS & COUNSELING SERVICES

TITLE	DESCRIPTION
DEFINITION:	<p>Pregnancy testing is a common reason for a client to visit a family planning clinic.</p> <p>Pregnancy testing and counseling services are part of the core family planning services as outlined in <i>Providing Quality Family Planning Services</i>. Non-directive pregnancy options counseling is not required, however, providing nondirective pregnancy options counseling, pregnancy support and basic factual information is highly encouraged as it is a standard of care.</p>
SUBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. Reproductive Life Plan. 2. Health History, including: LMP; current medication, herbal medication and/or vitamins; and chronic medical conditions. 3. Abuse and/or violence screening for minors (age 17 and under) (See Related Preventive Services: Abuse and/or Violence). <p>Should Include:</p> <ol style="list-style-type: none"> 1. Menstrual history, gravida, and parity. 2. Prior contraceptive use and sexual health assessment 3. Symptoms of pregnancy which may include nausea/vomiting, breast tenderness, fatigue, urinary frequency, bloating, and/or mood changes. 4. Past medical, obstetrical, social, and family history. 5. Allergies. 6. Tobacco, alcohol, and/or recreational drug use. 7. Depression/anxiety. 8. Intimate partner violence (IPV). 9. Travel to Zika afflicted areas.
OBJECTIVE:	<p>Must include:</p> <ol style="list-style-type: none"> 1. BP. <p>May Include:</p> <ol style="list-style-type: none"> 1. Height and weight, BMI. 2. Pelvic assessment for gestational age, as indicated.
LABORATORY:	Sensitive positive pregnancy test.
ASSESSMENT:	Pregnancy.
PLAN/EDUCATION:	<ol style="list-style-type: none"> 1. Review findings of positive pregnancy test with client with Estimation of Gestational Age (EGA) and Estimated Date of Delivery (EDD) by LMP and/or pelvic assessment. Documentation should include EGA and EDD. 2. If there is question of gestation age by LMP may do pelvic assessment as indicated.

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	<p>Counseling:</p> <ol style="list-style-type: none"> 1. Nondirective pregnancy options counseling may be offered to pregnant clients but is not required. <ol style="list-style-type: none"> a. Nondirective pregnancy options counseling is the meaningful presentation of options without suggesting or advising one option over another. Nondirective pregnancy options counseling promotes the client's self-awareness and empowers the client to be informed about a range of options, consistent with the client's expressed need and with the statutory and regulatory requirements governing the Title X program. Nondirective pregnancy options counseling may include information on prenatal care, delivery, infant care, abortion, foster care, and adoption. b. Nondirective pregnancy options counseling can only be provided by physicians or advanced practice providers (i.e. PA, APRN) c. Nondirective pregnancy options counseling must not in any way promote, encourage, advocate for, refer for, take affirmative action to secure, or support abortion as a method of family planning. 2. Pregnancy support and basic factual information may be offered to pregnant clients but is not required. <ol style="list-style-type: none"> a. Pregnancy support is providing emotional support and basic, factual acknowledgement of the options available to the client. This includes basic, factual acknowledgement of prenatal care, adoption, and abortion. b. Pregnancy support may be provided by any clinical staff (RN, LPN, Clinic or Medical Assistant, Physician, PA, APRN, etc.). c. Pregnancy support must not in any way promote, encourage, advocate for, refer for, take affirmative action to secure, or support abortion as a method of family planning. <p>Referral:</p> <ol style="list-style-type: none"> 1. A referral to prenatal care must be given to all clients with a positive pregnancy test regardless of the client's desire for the pregnancy, unless they are experiencing a medical emergency (definition from Hyde amendment³), or the pregnancy is the result of rape or incest. A referral to prenatal care can be given by any clinical staff. The referral to prenatal care must include written information and a prenatal care provider list. 2. The prenatal care provider list must only list comprehensive primary care providers (i.e. providers who provide prenatal care such as Family Practice Doctor, OBGYN, Certified Nurse Midwife, etc.) who provide prenatal services. It may include prenatal care providers who also provide abortion services. Those who provide abortion services cannot comprise more than half of the list. Neither the list nor staff are permitted to indicate who provides abortion, nor whether anyone on the list provides abortion (except in cases of medical emergency, rape or incest). 3. In addition, Title X clinical staff may provide a general resource list that includes a multitude of providers for different services (medical, social, behavioral, etc.). The general resource list may include providers of abortion services. Those who provide abortion services cannot comprise more than half of the list. Neither the list nor staff are permitted to indicate

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	<p>who provides abortion, nor whether anyone on the list provides abortion (except in cases of medical emergency, rape or incest).</p> <p>4. A client may be referred for an abortion only in the cases of medical emergencies, rape or incest. Medical emergencies include cases where a client suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the client in danger of death unless an abortion is performed (definition from Hyde amendment³).</p> <p>Documentation:</p> <ol style="list-style-type: none"> 1. If nondirective pregnancy options counseling was provided (PA, APRN or physician only), or pregnancy support and basic factual information was provided (any clinical staff), document in the client's medical record the counseling provided. 2. Documentation in the medical record must also include the provision of a prenatal care referral and prenatal care provider list to the client. 3. Any additional education or resources provided to the client should be documented in the medical record. <p>Other Plan/Education:</p> <ol style="list-style-type: none"> 1. Discuss exposure to Zika. 2. Discuss diet, nutrition and exercise. 3. Discuss immunization status and CDC recommendations during pregnancy. 4. Advise client to discuss any medications she is taking with her provider. 5. Encourage client to return to clinic for birth control method as indicated. 6. Prenatal care counseling includes but not limited to: <ol style="list-style-type: none"> a) Diet/folic acid at least 0.4 mg to 0.8 mg in prenatal vitamin daily. b) Review OB warnings for symptoms of ectopic pregnancy and client must be referred for immediate evaluation. c) Avoid fish that might have high levels of mercury. d) Provide or refer for any needed STI screening (including HIV), and vaccinations. e) Avoid tobacco, alcohol, and recreational drugs. f) Tobacco cessation referral offered. g) Provide referral for substance abuse programs as indicated. h) Provide referrals for WIC, Medicaid, and other social and medical services programs, as appropriate. i) Review environmental exposures, hazards, toxins and any medications that are known teratogens. j) Review genetic counseling and testing, with referral to available services as indicated k) Assess client's social support including partner, family, friends, and clergy, with referral to appropriate counseling or other supportive services as needed. l) Screen for any evidence of intimate partner violence and provide referral to intervention services.

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	<ul style="list-style-type: none"> m) Title X clinics must conduct a preliminary screening of any minor (age 17 and under) who presents with a pregnancy, or any suspicion of abuse, in order to rule out victimization of a minor. n) Screen for depression and risks for suicide, provide referral as warranted. <p>7. Document client verbalizes understanding of provided information. 8. RTC clinic PRN if any additional questions or concerns.</p>
REFERRAL TO MEDICAL PROVIDER:	<ul style="list-style-type: none"> 1. For prenatal care with instruction first routine visit. May vary per physician's recommendation and client should contact the doctor's office sooner for evaluation if undetermined gestation age. 2. Any problems should be evaluated ASAP by medical provider.
REFERENCES:	<ul style="list-style-type: none"> 1. <i>Centers For Disease/Providing Quality Family Planning Services, Vol. 63, No. 4, April 25, 2014.</i> 2. <i>Office of the Assistant Secretary of Health, Office of the Secretary, HHS. Department of Health and Human Services. Code of Federal Regulations (42 CFR Part 59) (https://federalregister.gov/d/2019-03461).</i> 3. <i>Hyde Amendment Codification Act (https://www.govtrack.us/congress/bills/114/s219/text/is). Retrieved 8/28/19.</i>