

## 7.2 NEGATIVE PREGNANCY TEST RESULTS &amp; 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>. Pregnancy diagnosis and counseling must be provided to all clients in need of this service.</p>
SUBJECTIVE:	<p><b>Must Include:</b></p> <ol style="list-style-type: none"> <li>1. LMP.</li> <li>2. Reproductive life plan.</li> <li>3. Medical/health history.</li> </ol> <p><b>Should Include:</b></p> <ol style="list-style-type: none"> <li>1. Menstrual history, gravida, and parity.</li> <li>4. Prior contraceptive use and sexual health assessment</li> <li>5. Symptoms of pregnancy which may include nausea/vomiting, breast tenderness, fatigue, urinary frequency, bloating, and/or mood changes.</li> <li>6. Past medical, obstetrical, social, and family history.</li> <li>7. Current medication, herbal medication and/or vitamins.</li> <li>8. Allergies.</li> <li>9. Tobacco, alcohol, and/or recreational drug use.</li> <li>10. Depression/anxiety.</li> <li>11. Intimate partner violence (IPV).</li> <li>12. Travel to Zika afflicted areas.</li> </ol>
OBJECTIVE:	<p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. Height and weight, BMI.</li> <li>2. BP.</li> </ol>
LABORATORY:	Sensitive pregnancy test.
ASSESSMENT:	Negative Pregnancy Test.
PLAN/EDUCATION:	<ol style="list-style-type: none"> <li>1. Determine clients desire for pregnancy. <ol style="list-style-type: none"> <li>a) If client desires pregnancy: <ol style="list-style-type: none"> <li>i. Refer to <b>Preconception Health Protocol</b>.</li> <li>ii. Determine how long the client has been attempting pregnancy. <ol style="list-style-type: none"> <li>1. If &gt; 12 months, refer to <b>Basic Infertility Services Protocol</b>.</li> <li>2. If &lt; 12 months, provide a menstrual calendar, cycle beads, or other fertility awareness-based method (FABM) tools.</li> </ol> </li> <li>iii. Educate regarding the fertility awareness method and maximizing fertility.</li> </ol> </li> <li>b) If client does not desire pregnancy: <ol style="list-style-type: none"> <li>i. Determine current or last contraceptive use for consistent use.</li> <li>ii. Discuss reproductive life plan.</li> </ol> </li> </ol> </li> </ol>

TITLE	DESCRIPTION
	<ul style="list-style-type: none"><li>iii. Counsel regarding conception.</li><li>iv. Offer same date start when possible (including LARC) or return to clinic as soon as possible for birth control initiation.</li><li>v. Provide condoms.</li></ul>
REFERRAL TO MEDICAL PROVIDER:	1. As indicated.
REFERENCES:	1. <i>Centers For Disease/Providing Quality Family Planning Services, Vol. 63, No. 4, April 25, 2014.</i>