**(insert AGENCY name)**

Reproductive Health Program

Clinical Practice Standard

|  |  |  |
| --- | --- | --- |
| **Subject:** Pregnancy Test Visit | | **No**. |
| **Approved by:** |  | **Effective Date:** |
| **Revised date**: January 2018, January 2019, January 2021, **October 2022** | | |
| **References:** American College of Obstetricians and Gynecologists (ACOG)2019; American Academy of Pediatrics (AAP) 2017; American Society for Reproductive Medicine (ASRM), 2013; U.S. Preventive Services Task Force (USPSTF) | | |

**POLICY**: This Clinical Practice Standard follows the recommendations of ACOG, 2019; AAP, 2017; ASRM, 2013; and USPSTF.

**PURPOSE**: This Clinical Practice Standard provides direction for reproductive health clinics to assist clients in determining their pregnancy status and provide appropriate counseling.

**STANDARD:**

1. (**insert AGENCY name**) offers pregnancy testing and counseling to clients when requested and clinically indicated in order to diagnose an early pregnancy; provide early referral for management of a suspected abnormal or ectopic pregnancy; and to provide information needed to enable the client to make an informed decision.
2. Trained staff at (**insert AGENCY name**) will provide pregnancy testing services following national standards of care as described below.

**PROCEDURE**:

1. Follow the ***Core Reproductive Health Services* *Clinical Practice Standard****.*
2. Review last menstrual period (LMP).
3. Document if any abnormal bleeding or pain.
4. Document presence and duration of any signs and symptoms of pregnancy
5. Screen client’s alcohol use patterns (ACOG 2019).
6. Counsel client that there is no safe level or type of alcohol use during pregnancy
7. Provide referral to brief behavioral counseling interventions, as needed.
8. Determine if actively seeking pregnancy, and if the client already has formulated a plan if the test is negative or positive.
9. Perform urine pregnancy test.

**PLAN:**

Positive Pregnancy Test:

1. Determine an estimation of gestational age.
2. If desired by the client, they will be provided with neutral, factual information and nondirective counseling on each of the below options, and referral upon request. If a client indicates that they do not wish to receive information and counseling on any of the options, this wish should be respected.
3. Parenting
4. Adoption
5. Abortion
6. Provide the client with the Pregnancy Options Resource Brochure (available in [English](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Medical%20Services/Pregnancy-Options-Brochure_EN.pub) and [Spanish](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Medical%20Services/Pregnancy-Options-Brochure_SP.pub)), which contains a list of resources for all pregnancy options.
7. Provide information on the normal signs and symptoms of early pregnancy.
8. Provide information on signs and symptoms of ectopic pregnancy. If signs and symptoms of ectopic pregnancy are suspected, refer the client for immediate diagnosis and management. If unlicensed staff are conducting the visit, they must consult with licensed staff if any of the following signs or symptoms is present:
9. Vaginal bleeding - typically intermittent, but may occur as a single episode or continuously; and/or
10. Abdominal pain - usually located in pelvic area, may be diffuse or localized to one side.
11. The client may wish to include a partner in the discussion. If the client chooses not to involve a partner, confidentiality must be assured.
12. Support open communication between minors and a trusted adult (ex: parents, guardian, relative, mentor, etc.) in the decision-making process.
13. If client desires to continue the pregnancy:
14. If client is interested in making an adoption plan, refer the client to adoption agencies of their choosing.
15. Refer client for prenatal care to their provider of choice.
16. Discuss any past obstetrical complications.
17. Ask about any coexisting conditions:

* Chronic medical illnesses;
* Physical disability;
* Psychiatric illness; or
* Partner violence.

1. Encourage the client to begin taking a daily supplement containing 0.4 to 0.8 milligrams (400 to 800 µg) of folic acid. (USPSTF, Grade A recommendation; January 2017)
2. Inform the client that some medications are contraindicated in pregnancy and their current medications will need to be reviewed by their provider.
3. Encourage the client to avoid smoking, alcohol, and other drugs; not to eat fish that may have high mercury levels, and to avoid contact with animal feces.
4. Assess the client for any social services support needed, including:

* Women, Infants, and Children (WIC);
* Department of Social and Health Services (DSHS);
* Information on the Oregon Health Plan application or enrollment assistance for medical coverage; and
* Mental health and substance abuse counseling, as appropriate.

1. If client chooses to terminate the pregnancy:
2. Give information for area clinics where abortion is offered. Assess the client for any social services support needed, including:

* Information on the Oregon Health Plan application or enrollment assistance for medical coverage; and
* Mental health and substance abuse counseling, as appropriate.

1. Offer a visit to obtain a contraceptive method after the pregnancy is terminated.

Negative Pregnancy Test:

1. Clients who are not currently desiring pregnancy:
2. Determine if client has concerns about contraceptive method failure or difficulty using current contraceptive and provide counseling and education as appropriate to their concern.
3. Assess for recent sexual activity where intercourse was unprotected and offer emergency contraception for immediate use if indicated. See [*Emergency Contraception CPS*.](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-EC.docx)
4. If client wishes to start a contraceptive method, provide client-centered counseling to elicit their needs and preferences. Examples of such approaches include the shared-decision making model and motivational interviewing. Follow the method-specific CPS when providing a contraceptive method.
5. Clients who desire pregnancy at this time:
6. Follow the [*Preconception Health Visit CPS*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Preconception_Visit.docx)
7. Discuss with the client how long has they have been trying to get pregnant, and refer to [*Basic Infertility Services CPS*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Infertility.docx) if indicated.

Inconclusive Pregnancy Test Results:

1. Discuss with client inconclusive pregnancy test results.
2. Repeat pregnancy test.

* Verify expiration date on pregnancy test kit.
* Ensure manufacturer’s instructions were followed correctly.

1. Review last normal menstrual period.
2. If too early for urine human chorionic gonadotropin detection, advise the client to return to the clinic in 1 week with first morning urine.
3. If the dates are accurate- refer to agency’s prescribing provider/PCP for possible serum quantitative human chorionic gonadotropin.

**CLIENT EDUCATION:**

* + - 1. Provide information and educational material on normal pregnancy when indicated.
      2. Encourage all clients to avoid smoking, alcohol, and drugs.
      3. Stress the importance of early prenatal care for clients with a positive result who are seeking to continue the pregnancy.
      4. Encourage follow-up with referrals as soon as possible.

**REFERENCES:**

American Academy of Pediatrics. 2017. Options Counseling for the Adolescent Patient. https://pediatrics.aappublications.org/content/140/3/e20172274

American College of Obstetricians and Gynecologists. 2019. Prepregnancy Counseling. Committee Opinion No. 762. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/01/prepregnancy-counseling>

American College of Obstetricians and Gynecologists. n.d. Pregnancy Choices: Raising the Baby, Adoption, and Abortion, FAQ. <http://www.acog.org/~/media/For%20Patients/faq168.pdf?dmc=1&ts=20140718T1819407660>

American Society for Reproductive Medicine. 2013. Optimizing natural fertility: a committee opinion. *Fertility and Sterility*, vol 100, No. 3. Doi:10.1016/j.fertnstert.2013.07.011

Klein, J. 2005. Adolescent Pregnancy: Current Trends and Issues. <http://pediatrics.aappublications.org/content/116/1/281.full.pdf+html?sid=2835eecc-abee-43c7-9b58-3bc39a7b8c97>

Kirkham, C., Harris, S., & Grzybowski, S. 2005. Evidence-Based Prenatal Care: Part 1. General Prenatal Care and Counseling Issues. <http://www.aafp.org/afp/2005/0401/p1307.pdf>

Lockwood, C. & Magriples, U. 2014. Initial prenatal assessment and first trimester care. <http://www.uptodate.com/contents/initial-prenatal-assessment-and-first-trimester-prenatal-care>

United States Preventive Services Task Force. n.d. Published Recommendations. <http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>