Policy Statement

Urine based pregnancy testing/counseling will be provided on site to all clients in need of this service as a part of Family Planning program services for established clients or as an initial visit walk-in service request. Testing will be performed by a qualified staff member according to established walk-in service request. Testing will be performed by a qualified staff member according to established standards and guidelines as outlined in the MFHS Clinic Laboratory Services Manual (8.6).

Standards

1. MFHS Medical Director / Family Planning Program Director and Clinic Laboratory Services Director authorizes the performance of urine pregnancy testing as a standing order for any client who is sexually active and reports signs or symptoms of early pregnancy including
   • Missed menstrual period
   • Spotting or a very light menstrual period
   • Tender breasts
   • Feeling very tired
   • Feeling bloated
   • Frequent urination
   • Being moody
   • Upset stomach or nausea / vomiting
   regardless of whether or not the client reports use of a method of contraception.

2. Pregnancy testing may also be performed as indicated prior to the provision of specific contraceptive methods (see individual method standards) and at the discretion of / on order of the physician or nurse practitioner in the context of any client care visit.

3. For initial visit walk-in pregnancy test service requests, the client must sign the MFHS consent for services form and complete a pregnancy test request/medical history form prior to the performance of the pregnancy test and provision of related counseling.

4. For clients with a negative pregnancy test, the cause of delayed menses should be investigated. If the initial test result is negative, the client should be counseled that if amenorrhea continues or other pregnancy symptoms develop, she may return for a repeat pregnancy test. Clients should be given information about the availability of contraceptive and infertility services as appropriate.

5. Pregnancy diagnosis and staging consists of a targeted client history, pregnancy test, and physical assessment, including pelvic examination. (8.6)
   • If the medical exam cannot be performed in conjunction with the laboratory testing, the client will be counseled as to the importance of receiving a physical assessment as soon as possible preferably within 15 days by return visit to the clinic, by a provider selected by the client, or by a provider to which the client has been referred by the clinic.
   • Clients suspected of ectopic pregnancy must be counseled appropriately and referred for immediate evaluation and treatment.
• Whether a client with an intrauterine contraceptive (IUC) in place is planning to continue her pregnancy or have an abortion, the IUC should be removed as soon as pregnancy is diagnosed (Contraception Technology 20th ed. p. 652).

6. Clinics will offer pregnant women the opportunity to be provided with information and counseling regarding options including prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. If requested to provide such information and counseling, staff will provide neutral, factual information and nondirective counsel on each option, and referral upon request, except with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information and counseling. (8.6)
  • No funds appropriated to MFHS under Title X shall be used to provide, promote or advocate abortion, nor shall these funds be used in programs where abortion is a method of family planning.
  • Unsolicited telephone inquires regarding termination services or information shall be advised to consult their local telephone directory or telephone directory assistance.

7. Clients with a positive pregnancy test who elect to continue the pregnancy should be given information about good health practices during early pregnancy and referred for early initiation of prenatal care.

8. Clients who present to clinic for pregnancy testing as the primary visit purpose should be counseled regarding STD/HIV risks and should be offered urine based STD screening for chlamydia and gonorrhea at the same visit (refer to IPP Project statement “Protocols for Chlamydia Screening for Patients Coming to Family Planning Clinics for Purposes of Pregnancy Testing…” for eligibility and procedure guidelines).

9. With the prevalence of domestic violence among women in the prenatal and post-partum period, clinicians should screen for, recognize and intervene. Clinicians should be aware of community based and internet resources for victims of domestic violence and offer referral/resource information to clients as appropriate (Contraception Technology 20th ed. p. 653-654).

Procedure

1. For client requested testing (primary visit purpose), interview the client to determine need and eligibility for on site urine based testing; advise the client regarding service consent, completing a targeted history form, and testing process and limitations.

2. Obtain a urine specimen from the client in an appropriately labeled specimen container.

3. Perform the pregnancy test according to clinic laboratory manual and test kit guidelines. (Assure that all quality control testing is completed as indicated for that testing date / kit prior to testing).

4. Record the test results on the daily lab log and pregnancy test form and inform the client of the result. Individualize follow up client counseling on the negative or positive result.

5. For clients with positive results who wish to continue the pregnancy/anticipate prenatal care:
   a. discuss the importance of early prenatal care
   b. assure that a medical exam is performed by offering an exam in conjunction with the pregnancy test, or scheduling a timely return clinic visit for the exam, or completing a referral to a provider of the client’s choice
   c. discuss the importance of good nutrition; advise regarding the use of drugs, alcohol and smoking during pregnancy; discuss risk assessment and the importance of early and continuing care during the pregnancy
6. For clients requesting information on options for an unintended pregnancy, provide non-directive counseling on the alternative courses of action: (8.6)  
   a. Parenting  
      - discussion and counsel as outlined above (5 a-b-c)  
      - provide the client with resource information such as: list of prenatal care providers, nutritionists, name and address of WIC agencies, DPA offices  
      - establish a follow up mechanism to assure that obstetrical care has been obtained  
   b. Adoption  
      - discuss the procedural aspects of licensed adoption agencies including placement directly after birth with adoptive parents and foster care until adoption is finalized  
   c. Termination  
      - stress the importance of a timely follow up physical exam  
      - explain that detailed and thorough abortion counseling will be provided by the agency of the client’s choice  

7. Make referrals as appropriate to a prenatal care provider and follow up to assure that this care has been initiated, or to agencies associated with adoption, foster care, or termination. Provide the client with a list of names, addresses and telephone numbers of agencies which offer the services for which the referral is being made. (8.6)  

8. For clients with negative pregnancy diagnosis and delayed menses, evaluate the cause and counsel or refer for follow up evaluation; inform the client of available contraceptive or infertility services as appropriate; counsel on risks/consequences of unprotected intercourse including HIV and other STDs and the availability of screening tests.  

9. Document all procedures performed, counseling provided and referrals completed in the client’s medical record.  

Resources:  
- Program Guidelines...for Family Planning Services, OPA, 2001  

Document History  
- December 2006  
- September 2003