



High Desert Health System POLICY AND PROCEDURE

POLICY NUMBER: 504
VERSION: 1

SUBJECT: 2004 FAMILY PLANNING CLINIC – PREGNANCY TESTING GUIDELINES

PURPOSE:

1. To provide pregnancy testing as part of a comprehensive family planning service that includes appropriate counseling.
2. To refer clients with negative results, not seeking pregnancy, to a family planning service.
3. To assist women in clarifying and achieving their immediate reproductive goals.

POLICY:

1. Pregnancy tests shall not be repeated less than one week apart unless indicated to rule out a life-threatening condition.
2. When pregnancy test results are incompatible with history or physical symptoms, patients will be referred for Gynecology consults.

POLICY GUIDELINES:

1. Pregnancy testing services must include counseling regarding available options.
2. Pregnancy tests must be completed prior to any other service provided in conjunction with an initial or annual exam when the client suspects she is pregnant. If the result is positive, referral or appointment is necessary.
3. Pregnancy testing and counseling services must include appropriate history, counseling and referral.
4. Nursing staff providing pregnancy counseling must have specific training in this area.
5. All applicable pregnancy alternatives are presented in an unbiased manner as required by the Family Planning, Access, Care and Treatment Program (Family PACT) and Title X.
6. Privacy and patient confidentiality shall be maintained during the provision of all services, including obtaining the client history, and providing counseling.

THE TEST:

1. **STANDARD**
For all pregnancy testing, point of care testing will be performed and quality assurance documentation will be maintained.

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| POLICY NO: 504 | SUBJECT: 2004 FAMILY PLANNING CLINIC – PREGNANCY TESTING GUIDELINES | Page 2 of 4 |
|--------------------------|--|--------------------|

2. TYPE OF TEST

Urine pregnancy tests are available at High Desert Health System (HDHS) clinics.

3. COLLECTING URINE SPECIMEN

The woman will be instructed to collect a mid-stream urine specimen in a clean cup.

4. PROCEDURE FOR PERFORMING PREGNANCY TESTS

Follow instructions included with pregnancy test kit. Staff should use universal precautions when handling specimens (refer to HDHS protocols for infection control)

5. STAFF

Pregnancy testing will be performed by nursing staff who have had specific training in performing pregnancy tests.

6. REPEAT PREGNANCY TEST

Pregnancy tests may be repeated after 10-14 days when:

- a. Result is doubtful.
- b. Test result and symptoms do not agree.

7. COUNSELING

- a. The following counseling guidelines are not to be considered as all-inclusive. Each counseling session will take into account the client and her personal circumstances.
- b. The purpose of pregnancy counseling and referral is to assist a woman in clarifying and achieving her immediate reproductive goal. All applicable alternatives (prenatal care, adoption, infertility care, pregnancy termination, contraception) must be presented in an objective, non-judgmental manner. As a result of the counseling session, the clients should understand:
 - i. Her alternatives, including description and approximate cost of services and time constraints.
 - ii. Advantages and disadvantages of each alternative.
 - iii. Specific resources for reaching her goal, including the support of her partner, friends, and/or relations, medical care, financial aid, transportation, bilingual services, counseling and education.

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|--------------------------|--|--------------------|
| POLICY NO: 504 | SUBJECT: 2004 FAMILY PLANNING CLINIC – PREGNANCY TESTING GUIDELINES | Page 3 of 4 |
|--------------------------|--|--------------------|

- c. Pregnancy test results, pertinent information obtained during the counseling session, the client's decisions and referrals to other organizations or providers will be documented on the "Pregnancy Testing Form", #H2545.
- d. Additional Counseling if Pregnancy Test is Negative: Address Preconception Care and Reproductive Life Plan
 1. Pregnancy intention and timing
 2. Birth control method and last menstrual period
 3. Use of Folic Acid/multivitamin
 4. Last unprotected intercourse and Use of Emergency Contraceptives
 5. Risk Reduction
- e. All information provided to the client will be presented in an unbiased manner.

COMMUNITY RESOURCES/REFERRALS

1. Community resources identified on the Women's Health Care Referral List include:
 - a. Prenatal Care
 - b. Adoption/Counseling
 - c. Family Planning
 - d. Infertility Counseling
 - e. Financial Assistance
2. The Women's Health Care Referral List will be offered/provided to all clients in a written form during the counseling session.
3. All resources indicated on the Women's Health Care Referrals List will be reviewed annually and updated as necessary.

REFERENCES:

Department of Health and Human Services, Office of Population Affairs (OPA)

Program Requirements Title X

California Family Health Council (CFHC)

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|--------------------------|--|--------------------|
| POLICY NO: 504 | SUBJECT: 2004 FAMILY PLANNING CLINIC – PREGNANCY TESTING GUIDELINES | Page 4 of 4 |
|--------------------------|--|--------------------|

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