

## PREGNANCY TESTING AND COUNSELING

### I. DEFINITION:

Screening for pregnancy and assisting client to establish an appropriate plan of action, based on client's reproductive goal.

### II. CLINICAL FEATURES:

#### A. Subjective Information (utilize ODH Form #395)

1. Date of LMP and menstrual flow status
2. History of sexual intercourse
3. History of spontaneous or induced abortion, including date
4. Date of delivery, if postpartum
5. Breastfeeding evaluation, if pertinent.
6. Symptoms of pregnancy (i.e., breast tenderness, fatigue, nausea, urinary frequency)
7. Clients not using any method of contraception should be at least five weeks post last menstrual period (LMP).
8. Clients currently using hormonal contraception
  - a. Missed menses.
  - b. Lighter/shorter menses.
  - c. missed three or more pills, the patch came off or the ring has been out for more than three hours
9. Incorrect or no use of a barrier method

#### B. Objective Information

Pregnancy test positive or negative.

#### C. Laboratory Studies

Urine pregnancy test.

### III. MANAGEMENT PLAN:

#### A. Rule out pregnancy by determining if the client meets any one of the following criteria (unless there for verification for Medicaid):

1. Is <7 days after the start of normal menses
2. Has not had sexual intercourse since the start of last normal menses
3. Has been correctly and consistently using a reliable method of contraception
4. Is <7 days after spontaneous or induced abortion
5. Is within 4 weeks postpartum
6. Is fully or nearly fully breastfeeding (greater than 85% of feeds are breastfeeds), amenorrheic, and < 6 months postpartum
7. If any of the above questions are answered as 'yes', no pregnancy test is necessary.

#### B. Other criteria that may indicate need for a pregnancy test are:

1. Clients currently using hormonal contraception
  - a. Missed menses. If the client has not missed any pills, patch has not fallen off or ring is still in place, counsel to continue the next cycle of

hormonal birth control and return for urine pregnancy test (UPT) if next menses is missed.

- b. Lighter/shorter menses. If the client has not missed any pills, patch has not fallen off or ring is still in place, counsel on expected changes in character of menstruation and instruct on when a pregnancy test is indicated.
- c. If the client has missed three or more pills, the patch came off or the ring has been out for more than three hours, a pregnancy test can be done five weeks from LMP.

2. Clients currently using progestin injection, implant method, intrauterine contraception (IUC), or who have undergone permanent sterilization, and who are experiencing symptoms of pregnancy (i.e., breast tenderness, fatigue, nausea, urinary frequency), may be provided testing upon request.
3. Clients currently using progestin injection and are more than 14 weeks and 6 days from previous injection should receive a pregnancy test.
4. Clients currently using a barrier method and neglected to use the method or suspect the method was not used correctly should be at least five weeks from LMP.

C. Treatment

1. Depending on the results of the pregnancy test, counsel client and schedule an appropriate appointment.
2. Medicaid eligible clients with a positive pregnancy test should be given a prescription for prenatal vitamins one tablet orally daily, if an advanced practice nurse or physician is available.
3. If a clinician with prescriptive authority is not available or the client does not qualify for Medicaid, the client may be issued prenatal vitamins one tablet orally daily from the agency supply through the Inventory Supply System.
4. Clients with negative pregnancy test results and seeking pregnancy: See PHYSICIAN APPROVED PROTOCOL: ISSUING PRENATAL VITAMINS (CHD MATERNITY CLINICS).

D. Client Education

1. See the *Family Planning Policy and Procedures Manual: Pregnancy Diagnosis and Counseling for required options counseling*.
2. If test is negative and client does not want to be pregnant, see the Physician Approved Protocol: Early Start services.

E. Consultation/Referral

See the *Family Planning Policy and Procedures Manual: Pregnancy Diagnosis and Counseling*.

Refer for Medicaid, WIC and other appropriate health department services as indicated.

F. Follow-up

Utilize professional judgment in determining tracking priority.

REFERENCES:

- Gabbe, S.G., Niebyl, J.R., Galan, H.L., Jauniaux, E. R. M., Landon, M.B., Simpson, J.L., Driscoll, D.A., (2012). *Obstetrics: Normal and Problem Pregnancies* (6<sup>th</sup> ed.). Philadelphia, PA: Saunders
- Hatcher, R. A., Trussell, J., Nelson, A. L., Cates, W., Jr., Stewart, F. H., & Kowal, D. (2011). *Contraceptive technology* (20th ed.). New York: Ardent Media, Inc.
- Zieman, M., Hatcher, R. A., Cwiak, C., Darney, P. D., Creinin, M. D., & Stosur, H. R. (2010). *Managing contraception for your pocket* (10th ed.). Tiger, Ga: Bridging the Gap Foundation
- Oklahoma State Department of Health *Family Planning Policy and Procedures Manual*

