MSA-9 PREGNANCY TESTING AND COUNSELING

POLICY:

Delegate agencies must provide on-site pregnancy testing and counseling to all clients in need of this service, as part of the core family planning services. This visit must include a discussion about the client’s reproductive health plan and a medical history, to include any co-existing conditions.

PROCEDURE:

Pregnancy testing:

1. Tests should be of high sensitivity and conducted according to agency protocol and manufacturer’s directions.
2. Pregnancy cannot be accurately diagnosed and staged through laboratory testing alone. Pregnancy diagnosis should consist of pregnancy testing, history, establishing of gestational age, and physical assessment, including a pelvic examination done either onsite by a provider or by a documented referral, as clinically indicated.

Pregnancy counseling must consist of:

1. reproductive life plan
2. medical/health history, as appropriate
3. options counseling, as appropriate
4. adolescent counseling, as appropriate (See Counseling Adolescents, MSA 10)

Information and counseling:

1. Face-to-face counseling must be available at the time the test results are given. For clients who desire to receive their results by phone, person-to-person counseling should be offered and encouraged.
2. Options counseling
   a) Delegate agencies must offer pregnant women the opportunity to be provided with information and counseling regarding each of the following options:
      i. Prenatal care and delivery
      ii. Infant care, foster care, or adoption
      iii. Pregnancy termination
   b) If requested to provide such information and counseling, clinic staff must provide neutral, factual information and non-directive counseling 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 (42 CFR 59.5(a)(5)).
   c) Delegate agencies must NOT:
      i. Make appointments for pregnancy termination
      ii. Provide transportation to a termination procedure
      iii. Provide abortion services under Title X
3. All counseling must be documented in the client’s medical record.

Referral and Follow-Up:

1. For clients with positive pregnancy tests who elect to continue the pregnancy, referral for early initiation of prenatal care should be made. Information should be given regarding the following:

   a) review of current medications
   b) review of pregnancy danger signs (to include ectopic and miscarriage)
   c) good nutrition
   d) avoidance of smoking and second hand smoke
   e) avoidance of drugs and alcohol
   f) avoidance of x-ray exposure
   g) importance of early prenatal care, offer list of providers if needed
   h) review of pregnancy support system (partner, family, friends), as appropriate
   i) programs available (if applicable):
      i. WIC
      ii. OPOP
      iii. Medicaid
      iv. Other social and/or medical services programs, as appropriate.
   j) refer for family planning services postpartum

2. For clients with positive pregnancy tests who are undecided, information on referral sources for further counseling will be provided. Offer the opportunity for client to return for further counseling, encourage her to include her partner or family member/friend, as appropriate.

3. For clients with positive pregnancy tests who request information about abortion services, information on sources closest to the client will be provided.

4. For clients who have negative pregnancy tests:

   a) the cause of delayed menses should be investigated
   b) safer sex counseling, as appropriate
   c) information should be given on contraceptive options for those clients who do not desire pregnancy at this time
   d) preconception counseling and/or basic infertility services should be offered, as appropriate for clients who desire pregnancy.

5. Required documentation for pregnancy testing: see state form SFN 51862 (Pregnancy Test Record).