

SECTION 1.9
PREGNANCY TESTING AND COUNSELING

A. STANDARD

1. All clients receiving a pregnancy test will be offered information and counseling regarding their test results.
2. This shall include the limitations of the test itself, options for a positive test result, and contraceptive choices, preconception counseling or infertility counseling for a negative test result.

B. SUBJECTIVE DATA

1. Clients will complete "Request for Pregnancy Test" form or agency-specific form.
2. Data to be included in charting and referral:
 - a. Menstrual History
 - 1) First day of last menstrual period
 - 2) Was this a normal period, i.e., amount of flow, time of month?
 - 3) If not, when was last normal menstrual period?
 - 4) Are periods usually regular? How often do periods come? How long do they last? Is the flow heavy, medium, scant?
 - 5) Has client missed a period(s) before?
 - b. Symptoms of Pregnancy Other Than Amenorrhea
 - 1) Early
 - a) Breast tenderness
 - b) Nausea or vomiting
 - c) Urinary frequency
 - 2) Late
 - a) Enlargement of abdomen
 - b) Fetal movement
 - c. Obstetrical History
 - 1) Number of pregnancies (gravida)
 - 2) Number of children (para)
 - 3) Number of spontaneous abortions
 - 4) Number of therapeutic abortions
 - d. Birth Control History
 - 1) Is the client consistently using a method of birth control? If not, how long has she been having unprotected intercourse?
 - 2) If client is presently using birth control, what method, and is she using it correctly?
 - 3) If client had been using birth control in the past, what method, when, and why did she discontinue its use?

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- e. Sexual History
When was the last time that the client had intercourse?
- f. Determine if this is a planned/wanted pregnancy.
How does she feel about being pregnant?

C. OBJECTIVE DATA

- 1. Physical exam, as indicated
 - a. Client with a positive pregnancy test should be counseled to have a physical exam performed within fourteen days if not performed at the time of the pregnancy test.
 - b. If the client opts to continue the pregnancy, the physical exam may be deferred but should be performed as early as possible in the first trimester.
- 2. Laboratory
Urine HCG
- 3. Assessment and Plan
All clients shall be offered information and counseling about the results of their tests, including accuracy and the chance for false-negative or false-positive results.

D. COUNSELING ON RESULTS

- 1. Positive test results
 - a. Clients requesting information on options shall be given non-directive counseling about:
 - 1) Prenatal care and delivery
 - 2) Infant care, foster care or adoption
 - 3) Pregnancy termination
 - b. Staff should help the client to explore alternatives and feelings as realistically as possible. Assist the client in understanding the impact of this decision on her life.
 - c. Staff should also evaluate the client's support systems. Which significant others in the client's life know about the pregnancy? How does she/he feel about the pregnancy and about the client's decision? Staff should realize that the kind of support that the client receives in her decision-making is very important.
 - 1) Does the father of the child know? Is he involved in the decision-making? Does the client communicate well with the father of the child?
 - 2) Do the parents know? Are they involved in the decision? Does the client communicate well with her parents?
 - d. Staff should address the psychosocial implications of a positive test.
 - 1) Does the client have personal goals, i.e., education, career, and are these congruent with parenthood?
 - 2) Does the client already have a child, or has she been involved in raising siblings, and can she utilize those experiences in her decision-making?

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- 3) Is she ready to be responsible for another person for at least eighteen years?
- 4) Is the client prepared for the change in her lifestyle and identity?
- 5) Is she ready for the financial responsibility?
- 6) Is she aware of the emotional responsibility of being a parent?
- e. If the client has arrived at a decision, ask "Will you share with me how you made your decision?"
- f. If the client is unable to decide, decision counseling should be initiated. The extent of the counseling is at the discretion of the provider and should be determined by the client's needs and the time frame available. Particular efforts should be made when counseling adolescents. Additional support may be available through a social worker or local mental health clinic.
- g. Written referrals should be given as requested by the client; referrals for further counseling should be encouraged if deemed necessary by clinic staff.
- h. Counseling regarding Options
 - 1) Continuing the pregnancy

STANDARD

- a) All clients with a positive pregnancy test shall receive information on the importance of early and continued prenatal care, basic guidelines regarding drugs, alcohol, smoking, and diet during pregnancy and referral to prenatal services.
- b) Staff shall ensure that all clients understand the importance of prenatal care early in pregnancy and on a continuing basis, even if the client has not determined whether the pregnancy will be continued.
- c) Staff should emphasize the dangers to the fetus of smoking, alcohol and substance use (over-the-counter, prescription, and/or illicit drug use).
- d) Appropriate brochures regarding healthy behaviors during pregnancy shall be made available, and referrals to programs that help clients reduce or stop unhealthy behaviors shall be provided.
- e) Danger signs and symptoms of pregnancy must be reviewed.
- f) Clients should be counseled about the impact of diet on fetal development and given appropriate nutrition information, particularly regarding folic acid supplementation.
- g) Clients should be counseled about the availability and cost of prenatal care and should be given referral information. Whenever possible, the referrals should be made to a prenatal program within the same agency. Clients should also be given information about Medicaid eligibility if applicable. The client may also be referred to a Prenatal Plus or Nurse Home Visitor provider if she meets the eligibility criteria for either of these programs.
- h) Agencies are encouraged to follow-up with clients to determine if they are receiving prenatal care.
- i) Counseling and referral shall be documented in the client's record. Follow-up attempts should be documented.

Note: This may be the first contact the client has with a health care professional

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after she is aware of her pregnancy. Attitude and encouragement may determine how quickly she seeks prenatal care.

2) Adoption

STANDARD

- a) All staff responsible for options counseling shall be able to impart accurate information regarding adoption. This should include services offered by agencies, birth mother rights, a basic overview of the process, and appropriate referrals.
- b) Clients will be made aware of adoption options including designated adoption and open adoption.
- c) Clients shall understand that relinquishment is final and permanent, but that at any time up to the signing of the final orders, a woman can change her mind.
- d) Clients will be made aware of counseling, financial assistance, housing, and other services which may be available through adoption agencies. In addition, the client will be given appropriate referrals to reputable agencies that can provide more extensive, non-coercive counseling, as needed.
- e) Basic prenatal education, discussion of pregnancy danger signs and referrals for prenatal care, Medicaid and/or Prenatal Plus or Nurse Home Visitor program should always be offered as indicated (see previous section).

3) Pregnancy Termination

STANDARD

- a) All agencies shall discuss pregnancy termination as a legal option for a woman with a positive pregnancy test. Counseling should include basic information about the procedure, the time line for decision-making, and referral if requested.
- b) Staff shall elicit how the client feels about pregnancy termination.
 - Religious and cultural background may be significant here.
 - Explore whether friends or family have been in a similar situation.
 - Emphasize the importance of using their support.
- c) Basic information regarding the procedure should be made available. As appropriate, explain, **medical abortion**, vacuum aspiration, and amnio abortion procedures, time limitations, and consent requirements.
- d) Staff shall explain that there is no evidence of abortion affecting future conception.
- e) Staff shall offer anticipatory guidance regarding grief and grieving, depression, feelings of guilt, and the need for support. Offer follow-up counseling services as indicated.
- f) Minors must be informed that Colorado requires parental notification or a judicial bypass prior to a minor obtaining an abortion. It is the responsibility of the facility to which she is referred to meet this requirement.
- g) Give the client up to three referral sources (if possible) for pregnancy termination.
- h) Emphasize that abortion is not a method of birth control and discuss methods of birth control that can be used afterwards.

2. Negative Test Results

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- a. Staff shall work with the client to determine other causes of delayed/missed menses including:
 - 1) Pregnancy, but with hormone levels too low for a positive test and/or testing done too soon after the last act of unprotected intercourse.
 - 2) Not pregnant, with delay or absence of ovulation
 - 3) Absence of menses due to medication, especially hormonal contraceptives, including Mirena IUD
 - b. If the client is not using birth control and desires pregnancy, the following information should be given:
 - 1) Information about optimizing chances of conception (i.e., timing and frequency of intercourse).
 - 2) The availability of infertility services, if client has been unable to conceive for 1 year or more (six months if age \geq 35).
 - 3) The impact of diet on fetal development, specifically, folic acid supplementation.
 - c. If the client is not using birth control and does not want to become pregnant, the following information should be given:
 - 1) A referral for contraceptive services. Reinforce the fact that client information is confidential, and that the family planning clinic is available as a resource for emotional support, birth control information, and pregnancy determination.
 - 2) The Delayed Exam should be offered if time allows. If this is not possible, the client should be encouraged to make an appointment for a Delayed Exam or comprehensive visit to obtain contraceptive services.
 - a) This visit should be completed within two weeks for adolescents.
 - b) In sites providing family planning services, it is sometimes possible to schedule clients for a visit on the same day.
 - 3) If the client cannot be jump started on a hormonal method of birth control at that visit, an interim method of birth control should be made available (e.g., foam and condoms).
 - d. If the client is using birth control, she should be given the following information:
 - 1) Education, as appropriate, about her birth control method. Correct any misinformation leading to incorrect usage.
 - 2) A referral to the family planning clinic as indicated. Reinforce the fact that all available information is confidential, and that the family planning clinic is available as a resource for emotional support, birth control information, and pregnancy determination.
 - e. If appropriate, have the client return to clinic in two weeks for a repeat pregnancy test if menses has not occurred or have her return 10-14 days after the last act of unprotected intercourse.
3. All test results, counseling and follow-up should be filed in the client's record.

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ADOPTION

One of the options in a pregnancy is to make an adoption plan for a child. It is important that staff doing options counseling be well informed of current regulations so that they may offer an accurate picture to clients.

A counselor can affect the decision made by a young woman, particularly when the woman learns of an unintended pregnancy. Tone of voice, body language, and even the wording of the various options can make a difference in the way a woman looks at her choices.

It is imperative that staff doing options counseling have thoroughly explored their own views toward adoption. It is a value-laden issue that should be explored with staff during in-service training or at a staff meeting. Clarification of feelings toward adoption and accurate information about it can allow staff to put their feelings aside when counseling clients. Adoption agency staff are generally very willing to provide in-service training and reference materials.

Each family planning agency should explore the adoption agencies in its particular area and determine services provided and qualifications of staff (assure coercion is not used).

Adoptions have declined significantly since the 60's. Pregnancy counselors may assume their clients are not interested. The client may be hesitant to ask for more information because she may feel that considering adoption means she is a bad person. Counselors may not have accurate information about adoption. There is generally not much support for adoption among family and friends. This is especially hard for teenagers. If adoption is to be a viable option for them, they must be connected to counseling and support to help them be sure about their decision, and to deal with the negative reactions they may get from school officials, friends, and family.

Adoption can be a positive life decision for a birth mother and it is important that each client receiving pregnancy counseling have the opportunity to explore the option. Do not assume because she does not ask, she is not interested.

If you are interested in training in adoption counseling, call your **Family Planning Nurse Consultant**.

Legal Process for Adoption

Relinquishment of parental rights by Colorado law must be voluntary and requires a legal procedure to protect the rights of the birth parents and the child. Most agencies will prepare and process all legal documents and accompany the birth mother to the court hearing.

A. Pre-Delivery

1. Birth mother receives counseling
2. Birth mother makes an adoption plan

B. Post-Delivery

1. Birth mother continues to receive counseling
2. A petition to relinquish is prepared and signed by both birth parents* and filed with the court.
3. A court date is set.
4. A private court hearing is held in the judge's chambers.
5. Judge determines:
 - a. Birth mother has received appropriate counseling.
 - b. Birth mother understands permanence of decision and resources available to her should she choose to parent.

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- c. Birth father has legally relinquished rights.
- 6. Judge signs final order of relinquishment.
- 7. Adoption is final.

* If the birth father is unknown, refuses to acknowledge paternity, or cannot be located, there are steps that can be taken to allow this process to continue.

ABORTION ACTIVITIES

A. This program does not provide or encourage abortion as a method of family planning.

B. Permissible abortion-related activities

- 1. Information and counseling regarding options of pregnancy may be supplied to those clients who do not desire to continue their pregnancies and may be interested in obtaining abortions.
- 2. Clients may be referred to physicians to obtain abortions. Giving the client names and addresses and/or telephone numbers of providers of abortion services is acceptable without further affirmative action by program personnel to secure the services of that provider.
- 3. Collection of statistical data and information regarding abortion is acceptable.

C. Non-permissible activities related to abortion

- 1. "Pregnancy Counseling" in the sense of encouraging persons to obtain abortions is not allowed.

(This does not preclude counseling offering various options to pregnancy, which may include abortion, but this may not be the only option counseled for.)
- 2. Appointments for abortions may not be made by program personnel.
- 3. Provision of transportation to enable a woman to obtain an abortion is not allowed.
- 4. Production and showing of movies that tend to encourage or promote a favorable attitude toward abortion are prohibited.
- 5. Providing speakers to debate in opposition to "Right To Life" anti-abortion speakers is prohibited.
- 6. See Section 1.2 – Title X Regulations; Federal and State Laws of the Administrative Manual for more information on agency activities related to abortion.

*The following is a sample of a Request for Pregnancy Test Form. This form can be downloaded from the **CDPHE Family Planning Program** website at:*
<http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html>.

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ALL INFORMATION IS TOTALLY CONFIDENTIAL OP _____ PE _____

REQUEST FOR PREGNANCY TEST

DATE _____ / _____ / _____ Please Print

NAME _____ AGE _____ DOB _____ / _____ / _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

<p>RACE: PLEASE MARK ALL THAT APPLY</p> <p><input type="checkbox"/> Afro – American Black</p> <p><input type="checkbox"/> American Indian/Alaskan</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Other</p> <p>ETHNICITY: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>How do you feel about becoming pregnant? (Check the best answer).</p> <p>1. <input type="checkbox"/> I wanted to be pregnant sooner</p> <p>2. <input type="checkbox"/> I wanted to be pregnant later</p> <p>3. <input type="checkbox"/> I wanted to be pregnant now</p> <p>4. <input type="checkbox"/> I didn't want to be pregnant then or at any time in the future</p> <p>Are you a smoker? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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1. Any symptoms of pregnancy? Yes No If yes, list any symptoms: _____
2. First day of your last period _____
3. Was it a normal period? Yes No
4. When was your last act of intercourse? _____
5. Check the method of birth control used: Pill Shot Condoms Implanon IUD Patch Ring None Other _____
6. If the result of the pregnancy test is negative, are you interested in a method of birth control? Yes No
7. If you are pregnant, do you want a referral for: Prenatal Care Abortion Adoption Unsure
8. Who do you see when you get sick? _____
9. How many pregnancies have you had? _____ 10. How many births? _____ 11. How many miscarriages? _____
12. How many abortions? _____ 13. Household annual income: _____ 14. Number in household: _____

I request that this clinic provide me with a pregnancy test. I understand if my test is positive, I should have a pelvic exam as soon as possible (within 15 days). If the test is positive, I will give a copy of this form to my health care provider. I hereby relieve this clinic and its employees from any and all liability connected with this pregnancy test, particularly with regards to error.

Client Signature _____	Date _____	Staff _____	Date _____
Test Done	Reason Test Not Done	Test Results	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Date of LMP too recent <input type="checkbox"/> Client left <input type="checkbox"/> Other _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive LMP _____ EDC _____ Wks. gest. _____	

Referral To	Service Provided	Education Given
<input type="checkbox"/> Family Planning Clinic Appt made: <input type="checkbox"/> Repeat Pregnancy Test: Date _____ <input type="checkbox"/> Prenatal Care <input type="checkbox"/> Adoption services <input type="checkbox"/> Abortion Services <input type="checkbox"/> Nurse Family Partnership <input type="checkbox"/> Prenatal Plus <input type="checkbox"/> Medicaid/PE <input type="checkbox"/> WIC <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> STD Clinic <input type="checkbox"/> Substance Abuse Program <input type="checkbox"/> Smoking Cessation	<input type="checkbox"/> Pregnancy Test <input type="checkbox"/> Pelvic Exam (chart details below) <input type="checkbox"/> Counseling – Contraceptive <input type="checkbox"/> Counseling – Adolescent (including abstinence) <input type="checkbox"/> Counseling - Emergency Contraception <input type="checkbox"/> Counseling - Pregnancy Options <input type="checkbox"/> STD Counseling <input type="checkbox"/> Chlamydia test: <input type="checkbox"/> Urine <input type="checkbox"/> Cervical <input type="checkbox"/> Dispensed Condoms and/or foam <input type="checkbox"/> Depo Injection (chart details in comments below) <input type="checkbox"/> Dispensed OCP's _____ <input type="checkbox"/> Quickstart <input type="checkbox"/> Dispensed Evra (patch) <input type="checkbox"/> Quickstart <input type="checkbox"/> Dispensed NuvaRing <input type="checkbox"/> Quickstart <input type="checkbox"/> Dispensed prenatal vitamins/instructions	<input type="checkbox"/> AIDS/ Safe Sex <input type="checkbox"/> All methods/E.C <input type="checkbox"/> Anatomy/Menstrual Cycle <input type="checkbox"/> Comfort measures/pregnancy <input type="checkbox"/> Drug/Alcohol/Smoking Risks <input type="checkbox"/> Exercise <input type="checkbox"/> Ectopic Precautions <input type="checkbox"/> E.R. #'s: <input type="checkbox"/> Folic Acid/Nutrition <input type="checkbox"/> Medication during pregnancy <input type="checkbox"/> Preconceptual Counseling <input type="checkbox"/> Prenatal Depression <input type="checkbox"/> Cramping/Bleeding <input type="checkbox"/> Toxoplasmosis

Family Planning Program Consent Signed Method Specific consent signed

Objective Findings: B/P: _____ Wt.: _____ Pelvic (if indicated): _____

Other Comments: _____

Staff Signature _____ Date _____

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