

PREGNANCY TEST

GENERAL INFORMATION

Patients requesting pregnancy tests at the Health Department should be tested on that day and only deferred if absolutely necessary. Pregnancy testing must be performed according to the *Pregnancy Testing Guidelines* contained in the Family Planning Clinical Guidelines

- Chlamydia and gonorrhea are STDs that can affect long term fertility and the health of any current pregnancy. Early detection and treatment can preserve fertility and improve pregnancy outcome.

Tennessee STD Program standards regarding the chlamydia/gonorrhea test at the time of the pregnancy test are as follows:

All women under age 30 reporting to clinic for a urine pregnancy test should be offered chlamydia and gonorrhea screening from their pregnancy test urine sample. Considering the sequelae that might occur in the mother and neonate if the infection persists, repeat testing is recommended 4 - 6 weeks after completion of therapy for all pregnant women to ensure therapeutic cure.

If the gonorrhea/chlamydia test is positive, refer to the treatment guidelines found in the PHN Protocol for Chlamydia and Gonorrhea and Chlamydia, Partner Delivered Treatment. Obtain informed consent and forward the record to the prenatal care provider. The prenatal care provider is responsible for the test of cure.

- AAP recommendations for prenatal education includes guidelines for the prevention of sleep related deaths. See “ABC’s of Safe Sleep” handout.

SUBJECTIVE FINDINGS

Date of LMP

History of unprotected coitus since LMP

Symptoms of pregnancy and date symptoms appeared:

- Breast tenderness
- Fatigue
- Nausea
- Urinary frequency

History of STDs

Current family planning method if any

Any over-the-counter and/or prescription drug use

Any alcohol use and/or substance abuse

Is she smoking cigarettes?

Does she want to be pregnant now?

When, if ever, would she like to be pregnant?

OBJECTIVE FINDINGS

Positive or negative pregnancy test

ASSESSMENT

Pregnancy test positive, pregnancy intended

Pregnancy test positive, pregnancy unintended

Pregnancy test negative, pregnancy desired

Pregnancy test negative, pregnancy not desired

PLAN OF CARE

- Inform client that pregnancy cannot be accurately diagnosed, nor gestational age determined, through laboratory testing alone; that pregnancy diagnosis consists of a history, pregnancy test, and physical examination, including pelvic examination
- Discuss test results clearly and objectively
- Complete relevant forms and document counseling in chart
- If pregnancy test is negative, repeat the pregnancy test if no menses in two weeks
- Compile and keep current a county specific resource list for referrals
- Inform the client that chlamydia and gonorrhea are STDs that can affect long term fertility and the health of any current pregnancy. Early detection and treatment can preserve fertility and improve pregnancy outcome.

If the pregnancy test is negative and pregnancy is not desired:

- Explore the client's feelings about the pregnancy test result
- Discuss contraception
- Discuss emergency contraception
- Provide condoms
- Offer the client a brochure on family planning program services and/or explain program services
- If the client is an adolescent, encourage her to discuss contraceptive use with parent(s) or another responsible family member
- If possible, admit the client to the family planning program that day, especially if she is an adolescent. If a clinic opening is not available that day, waive the physical exam and if there are no contraindications in her medical history, give 3 months supply of birth control method. Schedule a physical exam within 3 months. See PHN Protocol for the method of choice.
- Consider creating a tickler file (manual or PTBMIS) for at risk clients and follow-up as needed for an appropriate period of time (nursing judgment).

If the pregnancy test is negative and pregnancy is desired:

- Explore the client's feelings about the pregnancy test result
- Discuss the menstrual cycle and fertile days
 - Provide pre-conception counseling including:
 - Nutrition and the importance of folic acid
 - The importance of dental care to good pregnancy outcomes
 - The impact of smoking during pregnancy and after pregnancy

- The importance of early prenatal care
- The impact of alcohol, medications, and substance abuse during pregnancy
- The impact of sexually transmitted diseases on pregnancy
- Review services available at the local health department including WIC, presumptive eligibility for TennCare, and the HUGS home visiting program
- Encourage an adolescent to discuss their desire for pregnancy with a parent or another responsible family member; explore why they want to be pregnant
- Consider creating a tickler file (manual or PTBMIS) for the at-risk adolescent and follow-up as needed for an appropriate period of time (nursing judgment).

If the pregnancy test is positive and the pregnancy is desired:

- Discuss the importance of early prenatal care
- Enroll eligible clients for presumptive eligibility for TennCare
- Find a prenatal care resource if no private insurance and not TennCare eligible
- Enroll eligible clients for WIC
- Enroll eligible clients for HUGS
- Discuss prevention of sleep related deaths and SIDS. See “ABC’s of Safe Sleep” handout included at the end of this protocol.
- Discuss nutrition, prenatal vitamins, and the importance of folic acid
- Discuss the importance of dental care to good pregnancy outcomes
- Make a dental referral
- Discuss the impact of smoking during pregnancy and after pregnancy
- Discuss the impact of alcohol, medications, and substance abuse during pregnancy
- Discuss the impact of sexually transmitted diseases on pregnancy

If the pregnancy test is positive and the pregnancy is not desired:

- Explore the client's feelings about the pregnancy test result
- Discuss termination options and review resources in the local area
- Discuss adoption as an option and review resources in the local area
- Discuss parenting as an option
- All clients need the information regarding good health practices in pregnancy (listed under test positive/pregnancy desired) until their decision regarding the pregnancy is made. Give complete information as seems appropriate for the given client. Offer her the opportunity to return for further counseling; discuss the possibility of her bringing in her partner, a friend, or a family member.
- Encourage adolescents to speak with a parent or other responsible family member as soon as possible
- Consider whether or not a mental health referral is needed
- Consider creating a tickler file (manual or PTBMIS) for these at risk clients and follow-up for an appropriate period of time (nursing judgment)
- Make a HUGS referral if this pregnancy is continued

REFERENCES

Tennessee Department of Health, "Family Planning Clinical Guidelines", January 2011

U.S. Department of Health and Human Services, Public Health Service, Health Service Administration, Bureau of Community Health Services Program, *Program Guidelines For Project Grants For Family Planning*, 2001

U.S. Department of Health and Human Services, Public Health Service, Standards of Compliance for Abortion-Related Services in Family Planning Service Projects, *Federal Register* 58(23), February 5, 1993.

American Academy of Pediatrics, "AAP Expands Guidelines for Infant Sleep Safety and SIDS Risk Reduction. October 18, 2011.

Options Counseling Guide

Explore the patient's feelings about the pregnancy. If the patient is unsure of how to proceed with the pregnancy, it is the nurse's responsibility to explore all available options with the client. Assist the client in identifying health, social, and economic consequences of each option. It is important to introduce all options even if the client does not mention each one. Avoid personal biases.

Prenatal care and delivery

- Explain the system for prenatal care through Health Department, if offered
- Refer to HUGS home visiting program
- Refer to WIC
- Assess for Presumptive Eligibility for TennCare and enroll if eligible
- Explain the system for prenatal care in the private sector
- Find a prenatal care resource if no private insurance and not TennCare eligible
- Review danger signs of pregnancy, including signs and symptoms of a threatened miscarriage or ectopic pregnancy
 - Bleeding
 - Spotting
 - Lower abdominal pain
- Discuss nutrition, prenatal vitamins, and the importance of folic acid
- Discuss the importance of dental care to good pregnancy outcomes
- Make a dental referral
- Discuss the impact of smoking during pregnancy and after pregnancy
- Discuss the impact of alcohol, medications, and substance abuse during pregnancy
- Discuss the impact of sexually transmitted diseases on pregnancy

Infant care

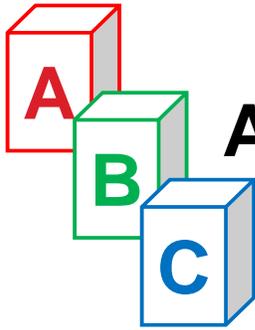
- Discuss day care needs if returning to school or employment
- Explore family support system
- Explore the daily needs of a newborn and its impact on lifestyle
- Discuss ABC's of Safe Sleep. Encourage parents to share ABC's with all other caregivers.

Foster Care or Adoption

- Refer to Department of Human Services
- Refer to local private agencies
- Offer to meet again to discuss further as questions may develop later

Pregnancy termination

- Answer patient's questions. Avoid personal biases.
- Remember that abortion is a legal option
- Remember that no state or federal funds are available
- Have a list of providers available
- Discuss the timetable for decision-making (obtaining pregnancy termination during the first trimester)
- Do not give specific facility brochures
- Do not make appointments for the patient (the patient should be given sufficient information to make her own appointment)
- Do not provide transportation



ABC's of Safe Sleep

Babies should sleep...

Alone

- Not with an adult, another child, or pets
- Not with pillows or stuffed toys
- Not with crib bumpers
- Room-sharing* is recommended

On their Back

- Not on their side
- Not on their stomach

In a Crib

- Not in an adult bed
- Not on a couch or sofa
- Not in a chair

*The American Academy of Pediatrics recommends having the infant sleep in the same room as the parent(s) on a separate sleep surface (crib or other similar surface). Evidence suggests that this arrangement decreases the risk of Sudden Infant Death Syndrome (SIDS) by up to 50%.