



2.10 PREGNANCY DIAGNOSIS AND COUNSELING

POLICY:

A Title X project must offer pregnant clients the opportunity to be provided information and counseling regarding the following options: Prenatal care and delivery; Infant care, foster care, or adoption; and pregnancy termination. If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each option, and referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling. (42 CFR § 59.5(a)(5), Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022))

Projects should follow QFP, which describes how to provide pregnancy testing and counseling services and cites the clinical recommendations of the relevant professional medical associations.

PROCEDURE:

Providing quality pregnancy testing and counseling services is part of the core family planning services that help clients achieve planned pregnancies or effectively avoid pregnancy. hCG is made by the cells of the developing placenta after an egg has been fertilized and attaches to the uterine wall. hCG circulates in the blood and is detectable in the urine 12-14 days after conception.

Positive Pregnancy Test discussion may include:

- Prenatal counseling in accordance with the recommendations of professional medical associations, such as American College of Obstetrics and Gynecologists (ACOG) and American Academy of Family Physicians (AAFP).
- An estimation of gestational age so that appropriate counseling can be provided
- Information about maintaining the health of the mother and unborn child during pregnancy.
- Normal signs and symptoms of early pregnancy and report any concerns to a provider for further evaluation.
- Review of pregnancy danger signs (e.g., ectopic and miscarriage).
- Medications that might be contraindicated in pregnancy.
- Encouragement to take a daily prenatal vitamin that includes folic acid.
- Avoidance of smoking, alcohol, and other drugs.
- Review of nutritional advice to follow during pregnancy (e.g., fish that might have high levels of mercury, foods to avoid).
- Avoidance of x-ray exposure.
- Review of medical and social programs available, if applicable, such as WIC, prenatal and parenting public health programs, Medicaid, area adoption agencies, and other social, financial, and medical services programs.
- Review of pregnancy support system (e.g., partner, family, friends), with referral to appropriate counseling or other supportive services as needed.



- Referral for needed STI screening (including HIV) and vaccinations if there might be delays in obtaining prenatal care.
- Offer family planning services postpartum.

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

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

Negative Pregnancy Test discussion may include:

- Contraceptive options counseling for those who do not want to become pregnant.
- Reproductive Life Plan.
- Services to help achieve pregnancy or basic infertility services, as appropriate for those trying to become pregnant.
- Preconception health and STI services.

Pregnancy testing after a recent miscarriage, termination, or birth:

For clients who have had a recent birth, miscarriage, or termination may test positive for pregnancy as hCG levels decrease slowly and can remain in the client's blood and urine for up to 6 weeks.

Client assessment and counseling should include:

- date of ending of pregnancy,
- sexual intercourse history since the ending of the pregnancy
- repeat pregnancy test in 1 week. If the levels of hCG in the second test are lower (lighter), then the client is probably not pregnant, and the hCG levels after the abortion are retreating.
- contraceptive plans of the client
- Safer sex practices as appropriate
- Prompt or immediate referral to necessary medical services when clinician suspects or concerns regarding residual hCG and retained products of conception
- risk for sepsis-related to retained products of conception (symptoms can include abnormal vaginal bleeding, fever, or infection)

Project staff should receive training on pregnancy counseling recommendations presented in QFP at least once during employment. See RHNTC web link below.



RESOURCES:

ND FPP Protocol GYN 10 Pregnancy Testing and Counseling

[Nondirective Counseling and Referral Job Aid](#)

[Exploring All Options: Pregnancy Counseling Without Bias Video](#)

[Non-directive Counseling for Pregnancy Options in Title X Clinics](#)

[Pregnancy Testing and Counseling eLearning | Reproductive Health National Training Center \(rhntc.org\)](#)

Office of Civil Rights (OCR), [Conscience Protections for Health Care Providers | HHS.gov](#)

MMWR QFP [rr6304.pdf \(cdc.gov\)](#)

FPAR Forms and Instructions

[Family Planning Annual Report Forms and Instructions | HHS Office of Population Affairs](#)