Standing Orders for Conducting Pregnancy Testing

Purpose: To identify pregnant women attending syringe access programs in New Jersey and link them to drug treatment programs, options counseling, and/or prenatal care.

Policy: Under these standing orders, the Access to Reproductive Care and HIV Services (ARCH) nurse is authorized to conduct pregnancy testing, using a CLIA-waived point-of-care device, for women of reproductive age who are clients of syringe access programs who meet the criteria outlined below.

Background: Identifying pregnancy early for women who are injecting drug users or who are sexual partners of injecting drug users can help assure the health of the woman and her child. Injecting drug users are at high risk for HIV, HBV, HCV and other STIs. Identification of a pregnancy provides an opportunity to intervene to prevent transmission of blood borne illnesses and STIs to children. The identification of women who may be pregnant is also the first step in assuring her access to detox, options counseling, and/or prenatal care. Offering pregnancy testing also permits the ARCH nurse to conduct counseling about how to become pregnant safely and/or how to avoid pregnancy.

Procedure for Conducting Pregnancy Testing

1. **Conduct a brief medical/sexual history:**

    A. Assess whether the client is of reproductive age (typically between the ages of 18 to 50 with variation)
    B. Determine date of the client's last menstrual period (LMP)
    C. Has the client has unprotected vaginal sex (sex without a condom) with a man since her last menses/period? If yes, proceed to Step 2 and offer the pregnancy test
    D. If the client is unsure of the date of her last menses, proceed to Step 2 and offer the pregnancy test.

    Additional signs and symptoms of pregnancy, other than late or missed menses, that may contribute to the clinical decision to offer a pregnancy test are:
    - Bloating
    - Nausea
    - Fatigue
    - Tender breasts
    - Spotting

2. **Offer pregnancy testing on an opt-out basis:** Sample language includes, *"There is a possibility you may be pregnant, I am going to run a pregnancy test today unless you do not want me to."*

3. **Conduct test according to package insert instructions.** Each Syringe Access Program may have different point-of-care testing available.

4. **While awaiting test results, briefly assess the client's pregnancy plan(s).** Sample questions

   a. "*Are you trying to become pregnant?"*
   b. *"Do you use a form of birth control? If yes, what is it?"*
   c. *"What do you think you would do if you were pregnant?"*

5. Provide brief education, according to pregnancy plan, about range of options if test is positive, including but not limited to:

   1. Options and referral sources for drug treatment, including accelerated entry into New Jersey State funded drug treatment program (telephone numbers listed below)
   2. Options and referral sources for prenatal care, including counseling on benefits of early prenatal care
   3. Options and referral sources for discussion of other pregnancy options e.g., termination, adoption, and continuing options counseling

6. **If the client's test is positive**, start the referral process immediately.

7. Offer and counsel about accelerated entry into a drug treatment program through New Jersey State funded clinics. For assistance and a referral to treatment **CALL TOLL-FREE 1-844-276-2777.**

8. Call and make an appointment within OB/GYN and family planning referral network for confirmatory pregnancy testing and ongoing prenatal care and/or additional pregnancy options counseling.

9. Provide written or graphic instructions for where to go for a follow-up appointment.

10. **If client's test is negative**, provide patient education on the following topics:

    1. How to avoid pregnancy if it is not desired
    2. Condom demonstration and safer sex counseling
    3. Options and referral resources for hormonal or other forms of contraception
    4. Brief education on how to have a healthy pregnancy if desired

11. **Nursing follow-up:** Following a positive pregnancy result, provide brief narrative of referral outcome on the weekly report form.

12. **Storage requirements:** Refer to package insert for additional storage requirements by individual manufacture.

This policy and procedure shall remain in effect until rescinded or until _____ (date).

Medical Doctor's signature: _____ Effective date: _____