Pregnancy Testing and Results Counseling Guideline

Site Applicability

VC Primary Care Program, InSite Supervised Consumption Site (SCS)

Practice Level

Setting	Profession	Basic Skill	Advanced Skill (requiring additional education)
Primary Care Program & InSite SCS	**LPN**	Pregnancy Testing – urine HCG point of care test	In a team approach, provide initial antenatal support which includes assessing the clients goals related to the pregnancy outcome and connecting them with the appropriate resources/team members.
	RPN	Pregnancy Testing – urine HCG point of care test	Pregnancy Options Counselling
	RN	Pregnancy Testing – urine HCG point of care test	Pregnancy Options Counselling Prenatal Care
	Certified Practice RN (STI and Contraception Management)	Pregnancy Options Counselling Contraception Counselling and Dispensing	

Education

Pregnancy Options Counselling: Through shadowing and preceptorship with trained staff and/or education with program educator, lead and/or Clinical Resource Nurse (CRN).

Certified Practice – Must successfully complete approved Contraceptive Management (CM) education - Please refer to the B.C. College of Nurses & Midwives for approved educational programs

Baseline Competencies for Supporting People through Pregnancy:

- Trauma informed practice - Equipping for Equity (Module 3)*
- Harm reduction*
- Cultural safety - Indigenous Cultural Safety: An introduction*
- Gender inclusion – Intro into Gender Diversity (Expanded)*
- Mental Health and Substance Use - Managing Mental Health Challenges in Primary Care
- Stigma - Equipping for Equity (Modules 1 to 9)*
- Health Equity Equipping for Equity (Modules 1 to 9)*

  * *indicates online, self-paced learning*

Requirements

The client must be referred to the MD/NP for:

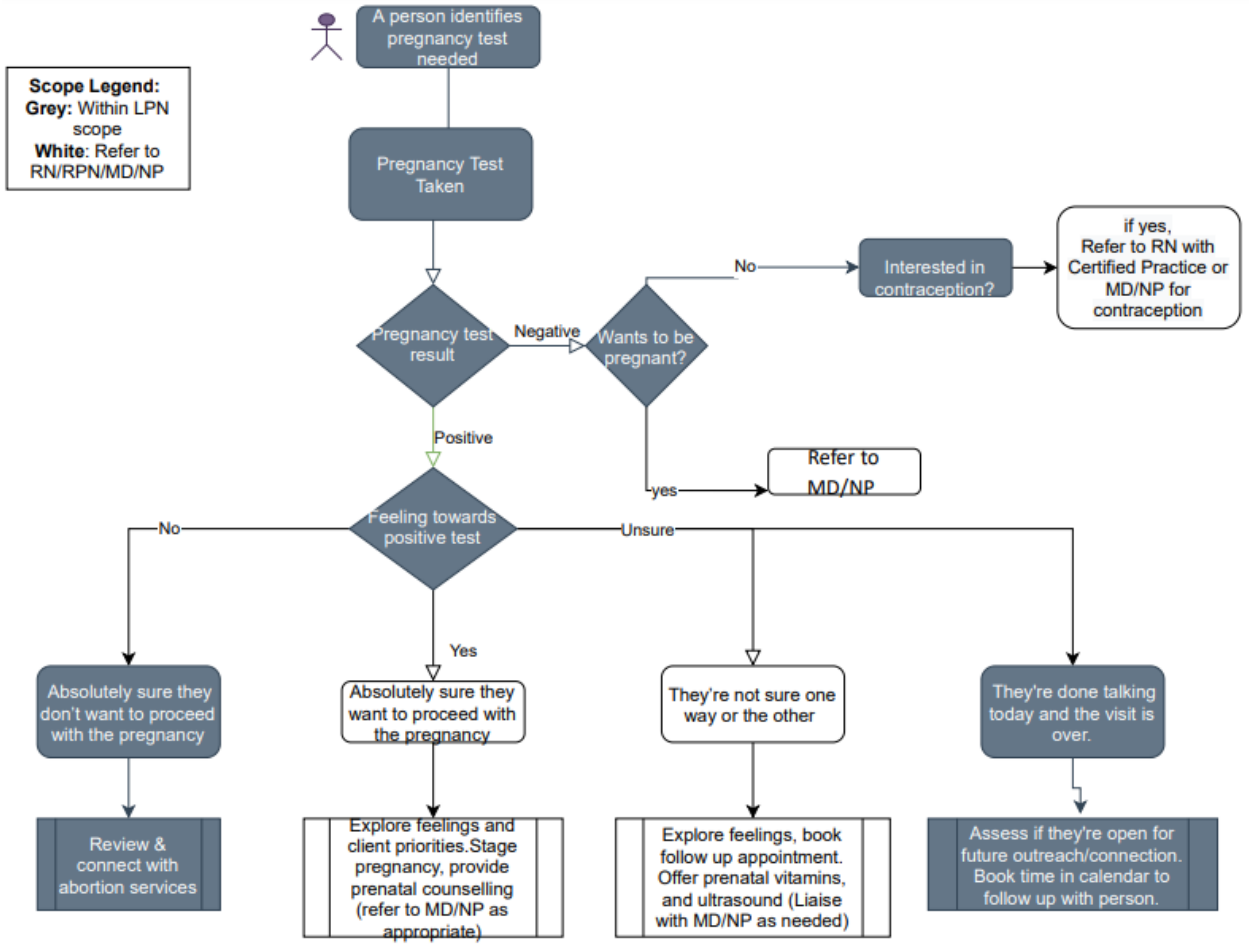
- Prenatal vitamins
- Folic Acid supplementation
- Ultrasound order
- Bloodwork
- Medication review for safety in pregnancy

Need to Know

Clients who identify as cis women, two spirit, trans men, and non binary can become pregnant. Supporting clients through a positive pregnancy test is a highly individualized experience. It is important to provide clients with the opportunity to identify how they feel, what they need and to have a safe space to learn about their options. Providers need to be mindful of approaching the client with trauma informed, client centered, and culturally safe approaches. Remember that the client knows their body the best and are experts in their own experience and what they need. Providers must also be aware of how systems, structural conditions and stigma impact well-being and promote access to choice and autonomy. Further, providers must meet clients where they are at around their substance use and ensure a full spectrum of harm reduction and recovery options are offered. For all clients, providers must center their needs and ensure they are aware of all the resources and opportunities they are entitled to.

To better serve Indigenous clients, it is important for health care providers to be aware of Canada's history and present impact on Indigenous women's health (Turpel-Lafond, 2020). Colonialism has continued to undermine Indigenous cultures, practices and resulted in devastating harms. Providers must be mindful of how these systems and structures reinforce subconscious biases that results in discriminatory health care (Martin & Walia, 2019; Turpel – Lafond, 2020). Government systems have participated in Indigenous women being non-consensually sterilized, having their children removed and placed into unsafe foster care systems, and disregarded their concerns and needs on a systems and interpersonal level (Martin & Walia, 2019; Turpel – Lafond, 2020). In order to provide safe care, providers must work to build trust, respect, and be of service to clients and also work to undo the harm from colonialism in health care, and around reproductive health.

Scope and Workflow - Pregnancy Testing and Result Counselling



Equipment and Supplies

- Urine B-HCG Test

Guideline

Note: This can take place on outreach or within the clinic space.

Pregnancy Test

1. Client requests a pregnancy test or clinician identifies an opportunity to offer testing.
2. Assess the reason for the test - do they think they are pregnant, need routine screening, or pre Depo Provera?
    a. Considerations: Have they missed their period? Any new nausea, fatigue or chest or breast tenderness? Are they having condomless sex?
        i) Keep in mind that folks don't always disclose their sexual activity and that no contraception method is 100% effective.
3. If the nurse is doing the test in the room with the client, ask the client how they would feel if the test was positive today.

4. Perform urine pregnancy test.
5. Test Results:
    a. For positive results refer to the positive pregnancy workflow.
    b. For negative results:
        i) If the client is trying to get pregnant, offer appointment with MD/NP* (e.g. for pre-conception counselling, to review safety of currently prescribed medications, safety of currently used substances, offer prenatal vitamins/folic acid supplementation). Encourage the individual to seek care as early as possible after missed menses or at earliest symptoms of pregnancy. Offer harm reduction supplies and connection to substance use care as appropriate.
        ii) If the client is not trying to get pregnant, have a discussion around sexual health.
            - If certified practice RN, offer options for contraception,
            - If non-certified practice RN, refer to certified practice RN or MD/NP.*
    c. If the client believes they are still pregnant or are anxious about the results, offer a quantitative Beta HCG test. Liaise with GP/NP for order.

**InSite nurses to refer for follow-up with Most Responsible Provider (MRP) in the community. If the client does not have an MRP, connect them with Overdose Outreach Team (OOT) by emailing overdoseoutreach@vch.ca or calling 604-360-2874.*

Positive Pregnancy Workflow

1. If the test is positive, assess how long they may have been pregnant based on their last menses. May be challenging if cycles are irregular or if client is not monitoring cycles.
    a. Consider when symptoms of pregnancy began
    b. Use of contraception or condomless sex
    c. Last negative pregnancy test

2. After sharing the positive test result, the next steps depend on the individual needs of the client and individual competencies of the nurse. Some clients may not be in a place to engage in discussion as outlined below.

3. Possibilities for client decision making:
    a. Absolutely sure they do not want to proceed with the pregnancy
    b. Absolutely sure they want to proceed with the pregnancy
    c. They are not sure one way or the other
    d. Or they are done talking today and the visit is over.

4. For all conversations, start by listening to the clients thoughts and feelings regarding the results.
    a. Understand what their priority is at the moment and offer support around their social determinants of health (i.e. food, shelter, income, etc.)
    b. Assess their mental health and substance use.
        - Refer or re-connect to services if needed.

- Where appropriate, consider a referral to social work for a thorough assessment of needs related to social determinants of health, as well as practical support, emotional support and counselling, and/or referrals.
- Update care plan as required.

c. If the person uses substances and they are open to the discussion, check in about safer substance use and overdose prevention safety planning. Offer harm reduction supplies, connection to treatment and education.

A) Absolutely sure they do not want to proceed with the pregnancy

Before making referral or assisting client in setting up appointment:

1. Ask the client for the date of their last period, and last time they had condomless sex/contraception failure. (e.g. When do you think you became pregnant?)
2. Discuss options with the client based on the estimate of the timing of their pregnancy.
3. If the client is unsure about the timing of the pregnancy, or for other reasons based on your assessment, consult with MD/NP* to order ultrasound and determine urgency of ultrasound. To book same day or urgent ultrasounds in the community, call imaging facility directly to advocate.

**InSite nurses to refer client to their MRP or OOT.*

Review abortion services (Appendix A) with client, including the difference between a medical and surgical abortion. Assess whether the client would like support in making referrals/phone calls to access services. Timely referral and access to services are important to increase options for services (e.g. medical terminations are only available until 9-10 weeks) and decrease complexity of care (e.g. a surgical termination in the second trimester may require several days of procedures).

Options: Medical versus Surgical Abortion – Please see Appendix A for details of either option.

If medical termination is chosen:

- Mifegymiso can be prescribed by a provider at VCH primary care clinics,
- Client can be referred to Sheway (with a phone call to expedite the process,) or
- Client can be referred to one of the facilities in Appendix B.

If surgical termination is chosen, refer to appropriate facility on Appendix A.

Provide support as needed for client to attend the appointment, e.g. reminder the day before, support with transportation, outreach worker, etc.

B) Absolutely sure they want to proceed with the pregnancy

VC Primary Care only (InSite nurses to refer to client's MRP or, if no MRP, a service listed below):
Provide initial prenatal care

- Connect client with MD/NP
- Take history of past pregnancies, outcomes of pregnancies, any issues with past pregnancies

- Estimate of gestational age
- Provide education regarding dating ultrasound (as soon as possible after 7 weeks), prenatal vitamins, including Folic Acid supplementation and blood work
- Discussion regarding genetic screening (BC Prenatal Screening – one pagers on genetic screening).
- Offer pregnancy confirmation letter for social assistance
- Assess the social determinants (Safety, Housing, Support, MSP Coverage, ID, inter-partner violence/support, Harm reduction, Mental Health and Substance Use, food security) and identify client priorities and need to support pregnancy.
- Offer copy of Baby's Best Chance or refer to website
- Inform client of what is available/covered through First Nations Health Benefits for First Nations clients
- Prior to any medication administration or dispensing, Nursing should confirm that the medications have been reviewed for safety in pregnancy by the MD/NP or Pharmacist. Nursing should also review medications prior to administration/dispensing for any potential contraindications with pregnancy to meet their medication practice standards.

Refer to MD/NP for:

- Prenatal vitamins
- Folic Acid supplementation
- Order an ultrasound
- Order blood work (in Profile EMR, can use SWY Initial Prenatal Bloodwork, SWY Initial Prenatal Urine Ordersets
    - Add HCV Quantitative bloodwork HCV positive clients
- Medication review for safety and pregnancy

Next Steps (for follow up):

- What are their plans for ongoing prenatal care after this visit?
    - Book follow up appointment
- Options for prenatal care (RN/RPN/MD/NP): What would work for this person? Do they require more specialized maternity care (e.g. substance use, complex mental health, obstetrical complexities)?
- Options include:
    - Sheway (VCH) 533 East Hastings, Vancouver
        - Interdisciplinary care for pregnant individuals with substance use issues and their young families in Vancouver. Includes medical care, social work, daily hot lunch, food support, parenting groups, psychiatry and counseling, infant development, and housing support.
        - Team provides outreach and home visits.
        - Open to those who are pregnant with current substance use (or high risk of relapse) that live in Vancouver or have no fixed address.
        - Patients can self-refer for an intake Monday to Friday between 10 am to 3:30 pm by coming to Sheway or care providers can to speak directly to staff if outreach by a Sheway staff member would be more appropriate.

        - For questions about services: Call to speak to RN or MD Mon-Fri from 8:30 am to 4:30 pm. Phone: 604-216-1699, FAX: 604-216-1698
    - Referral to Family Physician in your area - http://pregnancyvancouver.ca/
    - VCH Pregnancy and Early Childhood- resource page with resources for parents
    - Consider a referral to Youth Pregnancy and Parenting Program (YPPP), Healthiest Babies Possible (HBP) or Public Health.
    - Midwifery Care
    - Fir Square Inpatient Unit at BCWH

C) They are not sure one way or the other

1. Provide space for the person to share their thoughts and feelings, explore their options through conversation.
2. Attend to what they identify as their current priority (could be one of the above social determinants of health e.g. Food, shelter, income etc.)
    - Connect to appropriate services for current priority
    - Offer prenatal vitamins
3. VC Primary Care only ((InSite nurses refer to MRP, Sheway or OOT): Estimate gestational age (If the client is unsure about the timing of the pregnancy, or for other reasons based on your assessment, consult with MD/NP regarding an ultrasound)

Most important thing is to book a follow up visit - when do you want to be contacted again? Likely to be after the ultrasound to give them some time to think about how they feel about it.

D) Or they are done talking today and the visit is over.

- See when they might want to engage again.
- Attend to their current priority if possible (see above).
- Ask if they are open to outreach, or to a follow up a call - is there someone else they would like to talk to from the team or otherwise? Book a team member to follow up/ outreach, if available.
    - If the person uses substances and is pregnant, can offer to have someone from Sheway talk to them about their pregnancy if the person consents.

Documentation

Document care in progress notes in EMR.

Related Documents

Related Policies

- Harm Reduction Policy
- Indigenous Cultural Safety Policy
- Cultural Competency and Responsiveness

Guidelines/Procedures/Forms

- Overdose Prevention Safety Planning SOP
- Opioid Use Disorder and Pregnancy Guidelines
- Alcohol Use Disorder in Pregnancy Guidelines

Resources

- Abortion Services in Vancouver (Options for Sexual Health)
- Caring for Pregnant and Newly Parenting Women Using Drugs
- Vancouver Division of family practice – early prenatal care
- Youth Pregnancy and Parenting Program

References

Martin, C. & Walia, H. (2019) Red Women Rising: Indigenous Women Survivors in the Downtown Eastside. Downtown Eastside Women's Centre.

Turpel-Lafond, M-E. (2020) In plain sight: Addressing Indigenous-specific racism and discrimination in BC health care. Retrieved from: https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf

Appendices

- Appendix A: Medical Abortion versus Surgical Abortion
- Appendix B: Abortion Services and Tips to Support Client Access

Appendix A: Medical Abortion versus Surgical Abortion

	Medical Abortion	Surgical Abortion
How does it work?	Misoprostol is taken at home 24 to 48 hours after the mifepristone.	A doctor uses suction to remove the pregnancy and blood from inside the uterus.
How far along can the pregnancy be?	Mifepristone can be used up to 10 weeks from the first day of your last period or 8 weeks from conception.	It can be as early as 5 weeks from the first day of your last period. The clinics in Vancouver vary in how far along they provide an abortion. Please visit their websites for more information.
How long does it take to complete?	You will need at least two visits including the required one-week follow-up. Some patients may need a third visit. 95 % will be complete in the first week. Bleeding usually starts within hours after using the misoprostol and may be heavy for 4-8 hours and then you may continue to have some bleeding or spotting for a few weeks. There is a 5% chance of a delayed reaction. This does not mean you need surgery but does make the process take longer as you may require more medication or time to pass the tissue.	Most patients only require one visit. The actual procedure takes only four to eight minutes.
How painful is it?	It varies from mild to very strong cramping, at its worse when the pregnancy is passing. You will receive medications to take at home to help manage pain. Milder cramps may continue for several days.	Some patients experience mild to very strong cramping for a few minutes during the abortion procedure and for several minutes after. Medication, including conscious sedation during the procedure, will be offered to help manage pain. Milder cramps may continue for several days.

How much will I bleed?	Heavy bleeding and clots are common during the abortion process. Afterwards, you may have some bleeding and/or spotting up to your next period.	There is often not much bleeding immediately after procedure. Some patients begin to bleed three to seven days afterwards and bleeding can continue for several weeks. There is about a one in 300 chance of needing the procedure repeated because of blood clots forming or tissue remaining in the uterus.
Can the abortion fail?	Less than 1% of the time the pregnancy will continue to grow and a surgical abortion is necessary. About 5% of patients have a delayed reaction to the misoprostol and require more time for the pregnancy to come out, at that time you may opt for a surgical abortion if you don't want to wait any longer.	Surgical abortion has been formally studied for over 25 years. Injury to the uterus is very rare in the first 12 weeks. Excessive bleeding is very rare. Infection or needing a re-suction happens in less than one percent of cases.
What are some possible complications?	Mifepristone and misoprostol have been formally studied and used safely. The risk of excessive bleeding or serious infection is very low. Some patients may be allergic to the medications.	Some patients have dizziness, nausea or vomiting.
Common side effects?	Medication side effects may include nausea, vomiting, diarrhea, headache, dizziness, fever or chills. Many patients have few or no side effects.	Some patients feel anxious in a medical setting or with the idea of surgery.
What are the advantages?	• Effective and safe for very early pregnancies. Avoids anesthesia, instruments or vacuum aspiration, unless it fails (however, blood work and a vaginal ultrasound are	• Quick, predictable, and over in a few minutes . • Effective and safe for pregnancies over 5 weeks as well as when done later in a pregnancy.

	required. An injection may also be needed if your blood type is RH negative). • Induces a miscarriage-like process, so if you need someone in your life to think it is a miscarriage, this may be the best option. • Being at home instead of a clinic during the actual abortion may seem more comfortable and private	• Less bleeding and cramping for less time. Performed by a doctor with support of medical and counseling staff on site. • If you need to conceal a pregnancy/abortion altogether, this may be the best option. • Involves less medications than a medication abortion.
What are the disadvantages?	• It is not completely predictable – there is more uncertainty about when you will bleed and pass the pregnancy. • Bleeding can be heavy and last longer than with a surgical abortion. • Cramping can be strong and last longer than with the surgical abortion. • At least two visits are required, sometimes more. • Failure rate is higher than with surgical abortion.	A doctor must insert instruments inside the vagina and uterus. Anesthetics and drugs to manage pain during the procedure may cause side effects (serious problems are rare). There are possible complications, although they occur in less than one percent of cases. It may not be done as early in the pregnancy as with a medication abortion, depending on the doctor or clinic. It cannot end an ectopic pregnancy.
Who should not use this approach?	If it is more than 10 weeks from your last period, if you are on blood thinners, if you have an allergy to the medications, if you have blood clotting problems, porphyria, severe anemia or uncontrolled seizures.	Some medical conditions or allergies to anesthesia may require that a surgical abortion happen in a hospital setting.

From Willow Clinic: https://willowclinic.ca/index.php/compare-medical-surgical-abortions/

Appendix B: Abortion Services and Tips for Supporting Client Access

All of the services below can have barriers to access (e.g. long waits on hold or needing a contact number to book the appointment). Clients need to make the call themselves so it is usually most helpful if you support them to make the call while they are with you.

- All of these services provide pre-procedure counseling and post-procedure contraception.
- If your patient does not have active MSP, please call CARE program to discuss the particular situation with them directly.
- A dating ultrasound is helpful but not necessary to access abortion services.
- For most of our patients, it is often necessary to provide support to attend the appointments (e.g. reminder call, ride to the appointment, and/or pick-up after procedure as they will not be able to take transit or a taxi if they have had procedural sedation).
- Timely access to care is important to decrease the barriers and complications associated with the procedure (e.g. an abortion in late second trimester requires the procedure to happen over 3 days).

- **SHEWAY** 533 E. Hastings, Vancouver
  Tel: 604-216-1699 Mon - Fri 8:30 am to 4:30 pm
  Medical abortions until 9 weeks for patients that meet mandate (i.e., live in Vancouver or NFA and have a substance use disorder). Available for support in helping your patient access pregnancy options if they meet program mandate.

- **BC Women's C.A.R.E Program**, 4500 Oak Street, Vancouver
  Tel: 604-875-2022 Fax: 604-875-3274
  Appointment booking online or by phone Mon - Fri 7:30 am to 4:00 pm
  Provide **surgical abortions** until 24 weeks. Can accommodate patients with more complex health issues that would require a hospital setting.

- **Everywomen's Health Centre** #210 - 2525 Commercial Drive, Vancouver
  Tel: 604-322-6692 Fax: 604-322-6632 Appointment booking by phone
  Mon - Fri 9:30 am to 4:00 pm **Surgical abortions** until the end of the 13th week **Medical abortions** until the end of the 9th week

- **Willow Women's Clinic** 1013 - 750 W. Broadway, Vancouver Tel: 604-709-5611 Fax: 604-873-8304 Appointment booking by phone Mon - Fri 9:30 am - 12:00 & 1:30 - 4:30 pm

- **Elizabeth Bagshaw Women's Clinic** #210 - 1177 W. Broadway, Vancouver
  Tel: 604-736-7878 Fax: 604-736-8081 Appointment booking online or by phone

- **Pregnancy Options Services** Provide phone counselling on pregnancy options.
  Mon - Fri 9:00 am to 3:00 pm Tel: 604-875-3163 or 1-888-875-3163

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