# HOW TO DISCUSS PREGNANCY TEST RESULTS IN A SCHOOL BASED HEALTH CENTER SETTING



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NM Alliance for School Based Health Care

### Disclosure

**Jen Robinson, MS, WHNP-BC, CNM** (*she/they*) has the following financial relationships to disclose:

Organon Nexplanon trainer



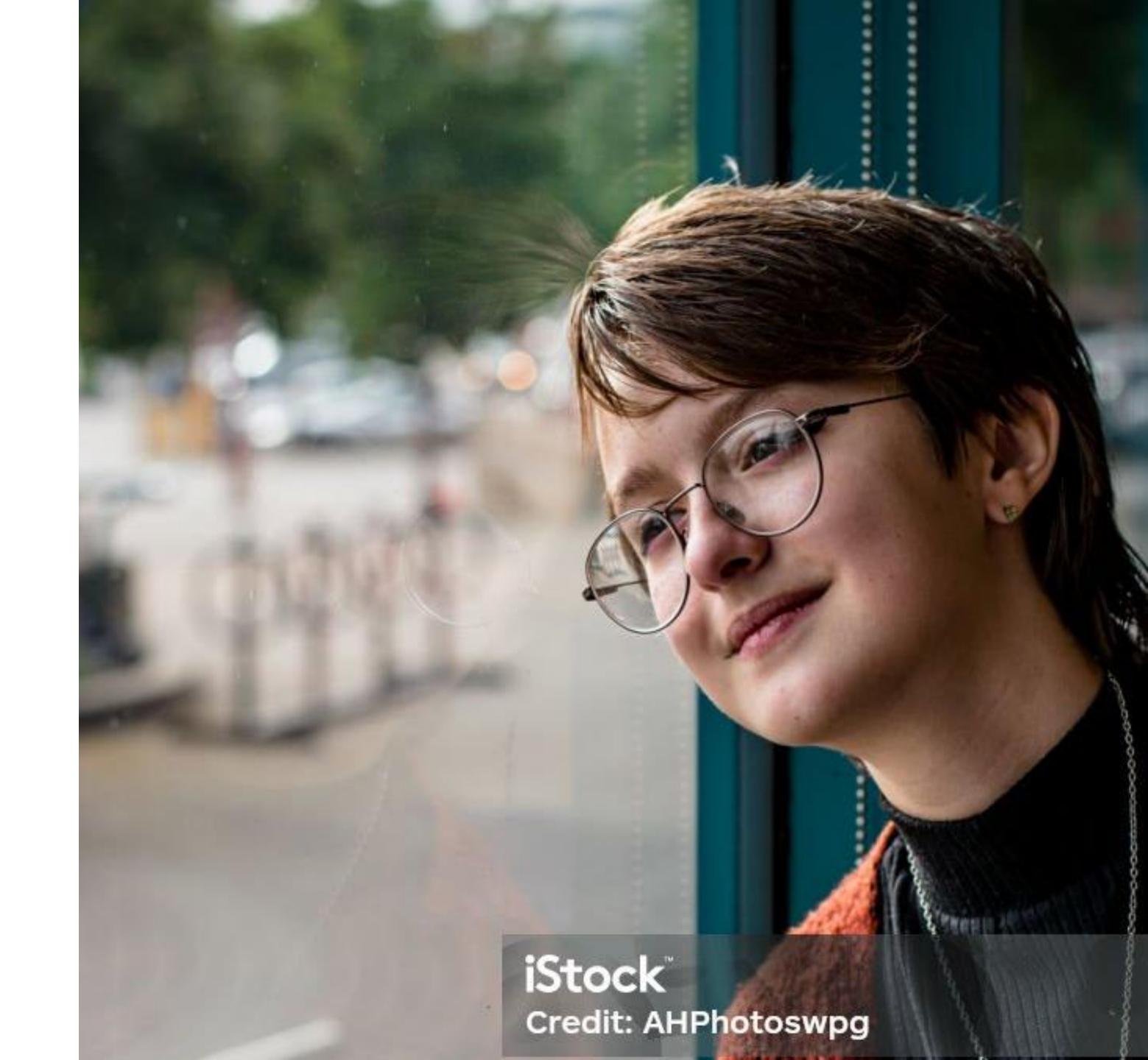
# Learning objectives

- 1. Review when offering emergency contraception is indicated, if desired by patient in context of a negative pregnancy test
- 2. Discuss all pregnancy results in a patient-centered and unbiased manner
- 3. Identify resources for referral for pregnancy care services if your clinic does not provide this care.



### Sofia (they/she)

- 14 years old
- Assigned female at birth
- Wants a pregnancy test





### What next?



- Offer pregnancy test today or schedule when clinician present
- Last menstrual period
- Last penis in vagina sex
- What are you expecting result to be
- What are you hoping the result will be



# Sofia would like a test today

- Last menstrual period
- Last penis in vagina sex

What are you expecting result to be

What are you hoping the result will be

- Last menstrual period 13 days ago
- Last penis in vagina sex: 3 days
   ago

• Thinks test could be positive

 Sort of excited about the possibility of being pregnant



# If the pregnancy test is negative...

- Address patient reaction, validate all responses are welcome
- Ask if they would like to discuss pregnancy prevention
  - If no  $\rightarrow$  do not discuss
  - Emergency contraception (penis in vagina sex in past 5 days?)
  - Ongoing contraception
- Follow up pregnancy test 2 weeks after last penis in vagina sex



Do you want to talk about contraception or pregnancy prevention during your visit today?

We ask everyone about their reproductive health needs.

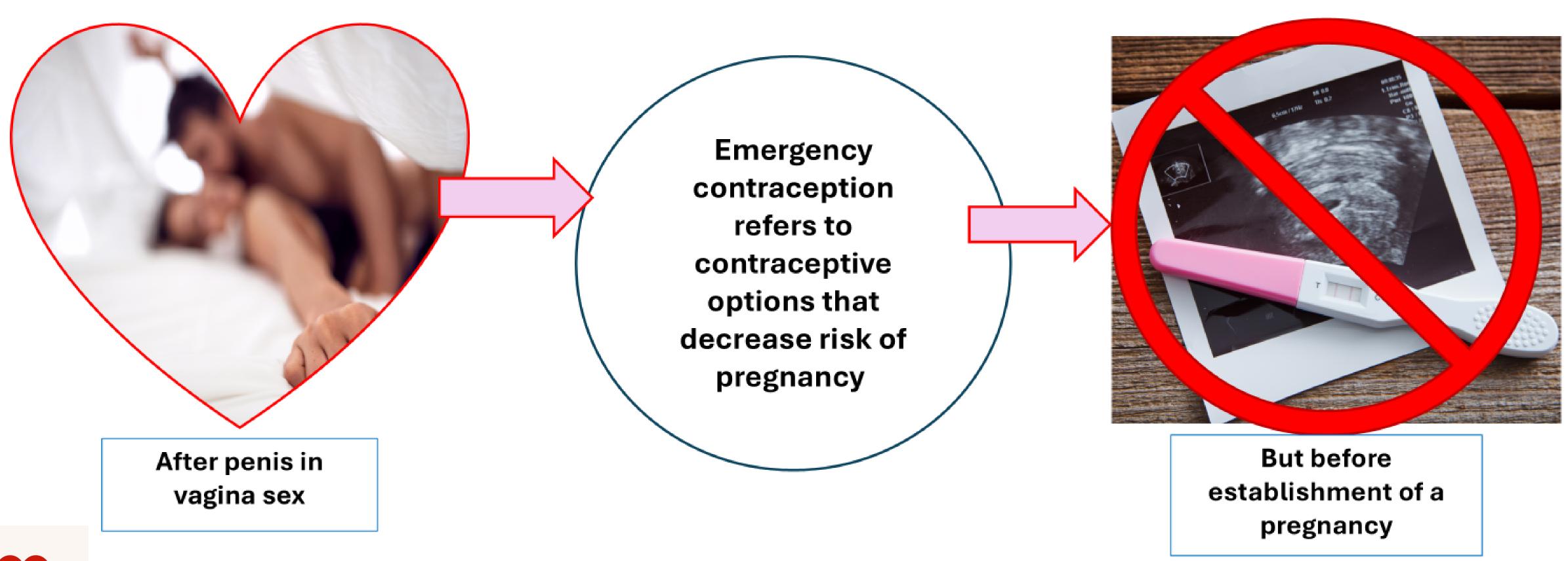
Do you want to talk about contraception or pregnancy prevention during your visit today?

If yes: Mark yes and ensure appropriate counseling is provided

**If no**: There are a lot of reasons why a person wouldn't want to talk about this, and you don't have to share anything you don't want to. Do any of these apply to you? (Mark all that apply.)

- I'm here for something else
- This question does not apply to me
- I prefer not to answer
- I am already using contraception (and what)
- I am unsure or don't want to use contraception
- I am hoping to become pregnant in the near future

### Definition of EC

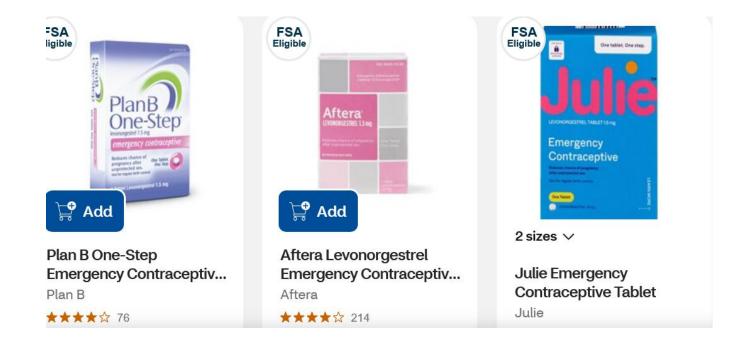




## Emergency contraception options

- Oral
  - Levonorgestrel 1.5 mg tablet PO x 1
  - Ulipristal acetate 30 mg tablet PO x 1

- Intrauterine Devices (off label)
  - Copper T IUD
  - Levonorgestrel 52 mg IUD







#### WHAT IS EMERGENCY CONTRACEPTION (EC)?

EC is birth control to use after sex to prevent pregnancy before it starts.

#### Types of EC

When can I use EC?

How do I get EC?

What about next time?



Over-the-counter EC pills **ASAP** 

works best within
3 days but may work
up to 5 days

May be less effective over 165 pounds.

No prescription needed

Find it at a pharmacy, clinic, or online.

Take it every time you need EC

You can get extra EC for next time.



Prescription EC pills

**ASAP** 

but can work up to 5 days

Most effective EC pill. May be less effective over 195 pounds.

Need a prescription

Talk to a health care provider online or in person.

Take it every time you need EC

Ask about a refill so you can have it for next time.



Anytime up to 5 days

Nearly 100% effective for any weight.

Visit a health care provider to have an IUD placed

Say it's for EC so you are scheduled quickly.

Keeps working as birth control

You can have it removed at any time.













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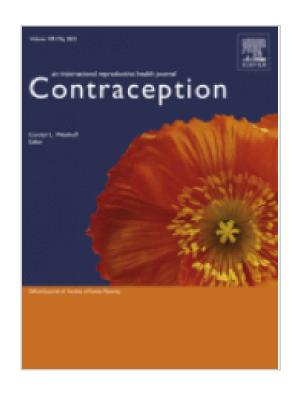
# Levonorgestrel pills do not affect implantation or pregnancy after ovulation

REVIEW ARTICLE · Volume 109, P8-18, May 2022 · Open Access



Effect of levonorgestrel emergency contraception on implantation and fertility: A review

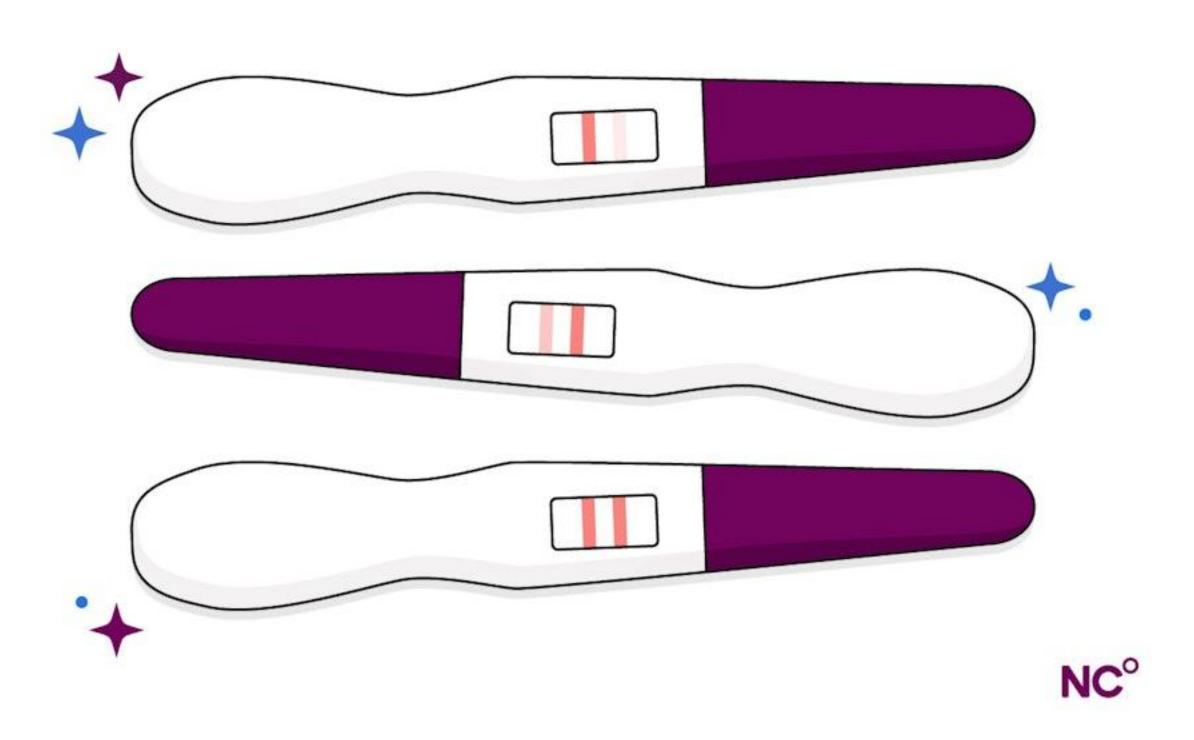
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A 2022 review of over 30 studies investigating use of LNG EC pills after ovulation did not find differences in rates of implantation, conception, menstruation, fetal outcomes, or miscarriage when LNG is taken after ovulation.



# If the pregnancy test is positive...





### Decision Counseling for Positive Pregnancy Test Results

Alissa Perrucci, PhD, MPH
Counseling and Administrative Manager
Women's Options Center, San Francisco General Hospital









#### Your Goals as a Healthcare Provider

 To create a space where patients feel that it is safe to ask questions.

You are listening without an agenda.

To be the person whom patients trust.

You are known as someone who will give them accurate information.

 To establish an environment free of stigma around pregnancy decisions.

You are modeling unbiased language.





### Fundamental Principle

#### The patient has the answer.

One pregnancy decision is not "more moral" than another; she is a good person making a moral decision for herself. There is no knowledge that you possess about the answer to her dilemma that she does not.

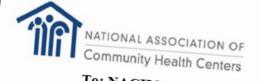






### Why provide comprehensive options counseling?

- Professional standard of care
  - ACOG, AAFP, AAP, ACNM guidelines
  - Title X requirement
  - National Association of Community Health Centers recommendation
    - May health centers discuss abortion with patients? **Yes**.
    - Are health centers prohibited from referring patients for an abortion? **No**.



To: NACHC Membership

From: Feldesman Tucker Leifer Fidell LLP

Date: June 24, 2022

Re : Talking Points Response to Questions Regarding the Legal Parameters Associated with Reproductive Health Services

These talking points exclusively address federal legal parameters as of the circulation date. The Supreme Court's decision and the resulting state action may dramatically impact whether the below statements are accurate for a particular health center.

What is the Hyde Amendment? The Hyde Amendment is a statutory provision included as part of the annual HHS Appropriations legislation, barring the expenditure of appropriated HHS funds for any abortion, unless such abortion fits within one of the defined exceptions (i.e., (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as performed). This prohibition extends to both surgical and medication abortions.

The Hyde Amendment prohibits the performance of abortion procedures, as well as the administration of drugs and devices that are used for "medication" abortions that terminate an early pregnancy (up to 70 days from the date of the woman's last menstrual cycle) rather than prevent implantation, including, but are not limited to, administration of the combination of RU-486 (Mifepristone or Mifeprex) and Misprostol, unless the abortion procedure or medication abortion fits within one of those explicit Hyde Amendment

Are health centers prohibited from providing abortions in its HRSA-approved scope of project? Consistent with the Hyde Amendment, health centers are prohibited from using federal HHS grant funds (including, but not limited to, Section 330 grant funds) to provide abortions. As noted above, there are exceptions for rape or incest, or when the life of the woman would be endangered. In order to fit within one of these exceptions, certain standards must be satisfied (e.g., the health center must maintain certain documentation). 1



1

Although the Hyde Amendment specifically restricts the use of federal grant funds, it is believed that health centers are also restricted from using non-grant funds (e.g., program income) to provide abortions because the Section 330 statute sets forth that non-grant funds must be used exclusively for activities that further the objectives of the health center project. Given that the Hyde Amendment is a deeply ingrained prohibition, it is anticipated that project" standard. Please note that the restriction on using grant and non-grant funds described in this footnote is

### Pregnancy Test Counseling

Step 1: Preparing to disclose results

Step 2: Disclosing results

Step 3: Conversing with patients after a positive

pregnancy test result







#### Disclosing Results

Compare the following two statements:

Your test result came back positive. Do you want to keep the baby or not?

I have the results of your pregnancy test. The test came back positive; that means that you are pregnant...

How are you doing with that information?







"Your pregnancy test came back positive, which means you are pregnant."

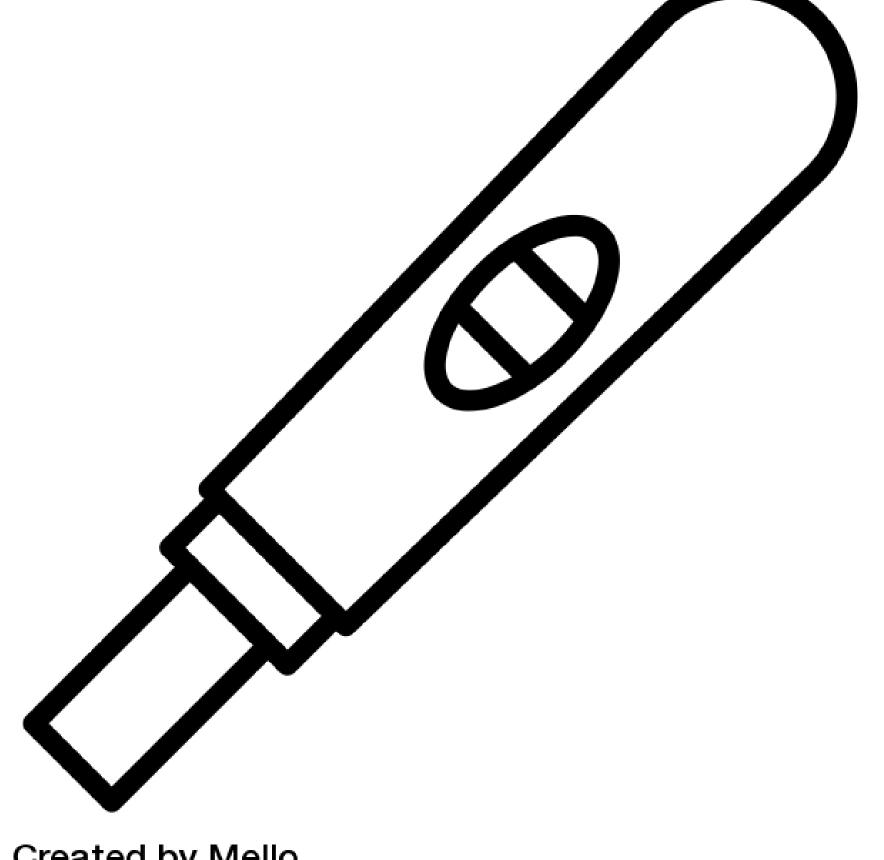


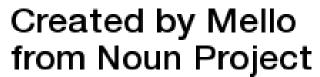


## Recommendations for Pregnancy

### Options Counseling

- 1) Explore the patient's feelings after giving the positive test result
- 2) If unsure of plans, help patient to consider their options
- 3) Identify social supports
- 4) Help to reach a decision, or discuss a time table if still undecided
- 5) Refer or provide the appropriate service









### Empathetic Listening

- Could it be that...
- I wonder if...
- As I hear it, you... Is that the way you feel?
- You convey a sense of...
- You must have felt...
- I sense that you're feeling...
- Do you feel...
- It sounds as though...
- I hear you saying...
- From what you say, I gather you're feeling...



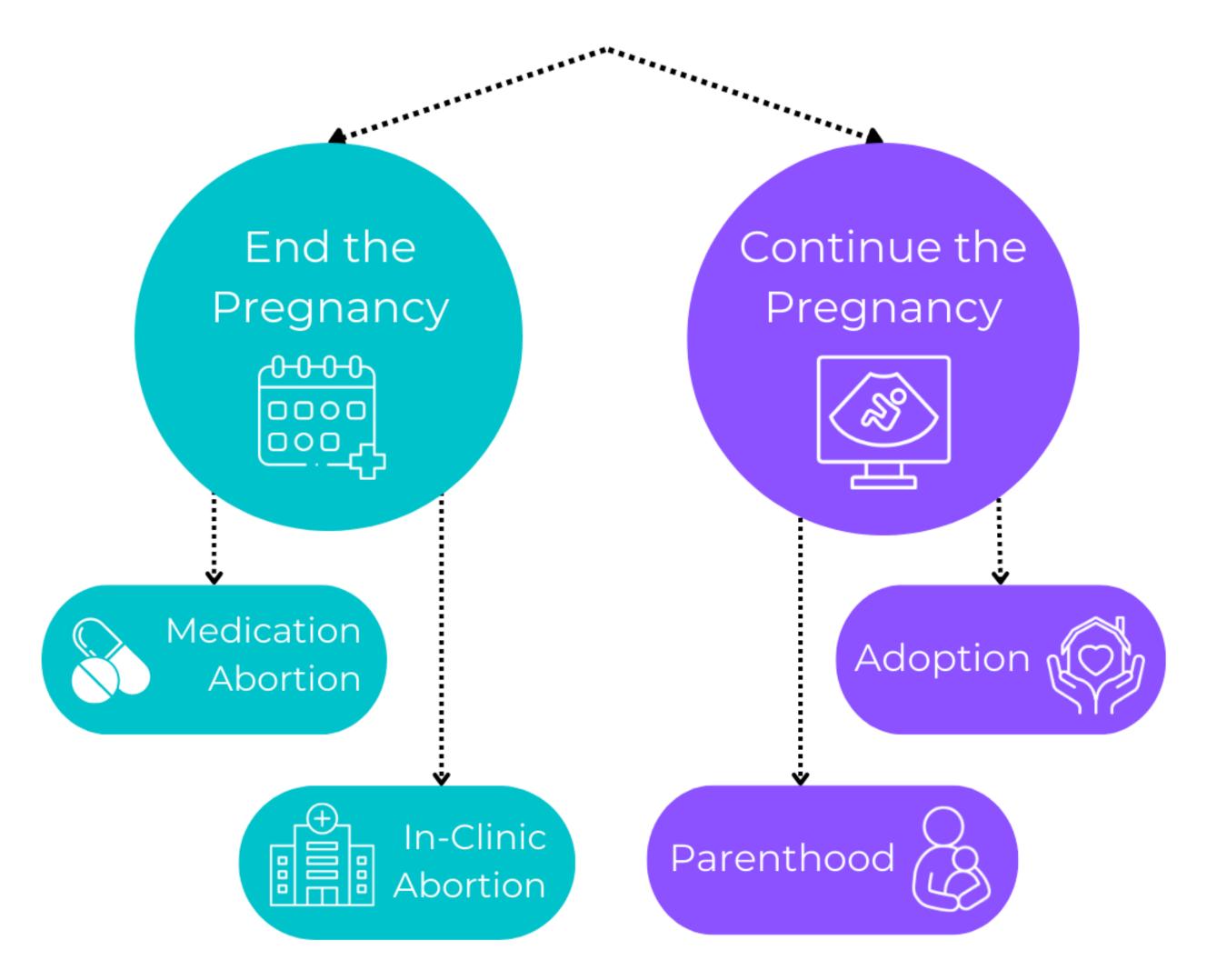
### Discuss Pregnancy Options

- Name all pregnancy options in a neutral, professional manner (except those the patient expressed they do not want to discuss)
- Naming each service without judgment respects patient autonomy, builds trust, makes space to ask honest questions, and is more likely to meet patients' needs

"If you do not want to continue the pregnancy, I can provide you with referrals for abortion services. If you want to continue the pregnancy, I can provide you with referrals for prenatal care or adoption resources. If you are not sure, we can discuss all of the options available as well as the timeline for abortion options."



# Pregnancy Options





# Continuing the pregnancy (?)



"I think I might want to be a parent, but I'm not sure."



# If the Patient is...Interested in Continuing the Pregnancy

- Begin by:
  - Affirming the patient's decision or interest
  - Offering appropriate prenatal care referrals or starting prenatal care with you
  - Not referring to services the patient is uninterested in
- Screen patient for needs around referral or resources, like
  - Nutrition, food, housing security
  - Financial resources for prenatal care/parenting (i.e. presumptive eligibility for Medicaid, WIC, SNAP)
  - Doula services
  - Childbirth education classes or resources
- Offer follow-up



#### **Options for Continuing Pregnancy**

Start prenatal care as soon as possible to screen for and manage potential risk factors.

Do you have a prenatal care provider(s) you trust?  Doula	□ Adoption  Do you know what adoption option you want to pursue?  Will your family and/or partner support your pregnancy through adoption?  Adoption Options:  □ Agency □ Lawyer (Private)  □ Closed □ Open □ Familial		
	□ Parenting		
Do you know what birthing options are available in your area?  Vaginal Cesarean In Home In Hospital Medicated Unmedicated  Do you have the emotional support you need?  How will your family and friends react to your decision? If you have other children, now will your decision affect them?	How important is it to have another person help parent with you?  Will your family and/or partner be able to help raise the child?  What costs do you need to consider?  Other Resources to Consider:  Community support (new parent groups, lactation support, trauma and healing support groups)  Childcare resources  Financial support available to parents  Child development education classes or resources		
All Options Talkline is a free counseling support network for anyone at any stage in	Do you have other needs?		
provide:  provide:	<ul> <li>□ Birth Control</li> <li>□ Emergency Contraception</li> <li>□ Substance Use</li> <li>□ Testing or Treatment for HepC/HIV/STIs</li> <li>□ Intimate Partner Violence</li> <li>□ Sexual Assault</li> <li>□ Translation Services</li> </ul>		

providecare.org



# Home visiting and other parenting supports

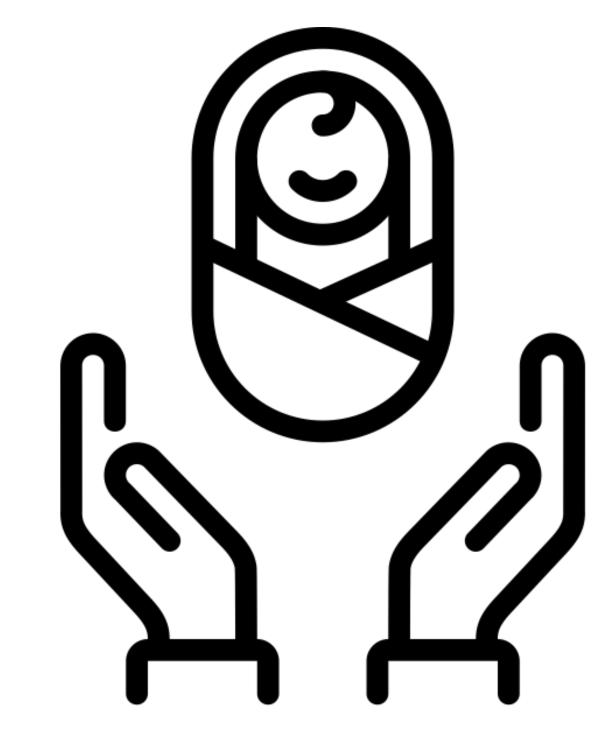


- Friendly expert for regular, planned visits at home, outside of home, or in remote telehealth sessions.
- Any family with a pregnant person or with children under age five qualifies for Home Visiting
- Always free, regardless of income.



### Interest in Adoption

- Affirm the patient's decision or interest
- Discuss types of adoption and provide resources
- Refer and help schedule appointments
- Can be arranged through any of the following:
  - Adoption agency
  - Attorney who specializes in adoption
  - "Exchange" or "consultant" who works with a specific population



Created by P Thanga Vignesh from Noun Project



https://www.reproductiveaccess.org/resource/options-counseling/ https://providecare.org/practice-guide-all-options-pregnancy-counseling



# Ending the pregnancy (?)



"Is it too late for an abortion? ... If that's what I end up wanting after I think about it more."



#### **Options for Ending Pregnancy**

Abortion is normal, safe, and common!

☐ Food assistance ☐ Child care

Options become more limited and costly further into pregnancy.

Sarc, and Common.	
How far along is your pregnancy?	Do you know where the nearest
First day of last period:	abortion providers are?
Gestational age: weeks	
Visit AbortionFinder.org to get accurate info on local gestational age limits & laws.	
Are you under 18 years old?	
☐ Has parent/guardian consent	
☐ Judicial bypass needed	
You can get an order from a judge that	Do you have the emotional
allows you to have an abortion without parental notification or consent. Learn	support you need?
more: INeedAnA.com/Blog/A-Teen-s- Guide-to-Accessing-Abortion	How will your family & friends react to your decision? If you have other children, how will your decision affect them?
What kind of abortion do you want?	All Options Talkline is a free counseling support network for anyone at any
☐ Medication: A doctor provides abortion pills (misoprostol alone or	stage in or after pregnancy. Call (888) 493-0092.
in combination with mifepristone). Available up to 11 weeks.	Do you have other needs?
Procedural: A doctor provides abortion in a clinic.	<ul> <li>□ Birth Control</li> <li>□ Emergency Contraception</li> </ul>
Visit AbortionFinder.org for info about	☐ Substance Use
costs, gestational age limits, & laws in	☐ Testing or Treatment for HepC/HIV/STIS
your area. Visit AbortionFunds.org and INeedAnA.com to find funding & support.	<ul> <li>□ Intimate Partner Violence</li> <li>□ Sexual Assault</li> </ul>
	☐ Translation Services
What other expenses do you	
need to plan for?	
☐ Gas money ☐ Transportation	provide
□ Lodging □ Wage replacement	/1/





## If the Patient is...Interested in Ending the Pregnancy

- Begin by mirroring the patient's language (e.g. "end the pregnancy" vs 'abortion")
- Screen for patient needs around referral or resources
  - Financial aid needs/options: National Network of Abortion Funds
  - Navigating access to care: Apiary for Practical Support
  - Language, transportation, parental consent, abortion bans in state
  - Support/treatment for addiction, HIV/STIs, IPV, etc
- Offer abortion referrals if you do not provide abortion care
  - AbortionFinder.org or INeedanA.com
- Offer follow-up and emotional support resources



## Abortion Options



Medication Abortion



Surgical Abortion



Self-sourced/self-managed medication abortion



#### Early Abortion Options

	<b>Abortion Pills:</b> Mifepristone and Misoprostol	Abortion Procedure		
How far along in the pregnancy can I be?	Up to 11 weeks from the first day of your last period.	Up to 12 weeks from the first day of your last period.		
What will happen?	The abortion happens at home.  You take the first abortion pill (mifepristone) at a time that works best for you.  You will likely feel fine after taking the first pill. You may have some nausea.  Later you insert four misoprostol pills.  The cramping and bleeding starts a few hours after you insert the misoprostol. You will have heavy bleeding and cramps.  You do not need a routine follow-up visit. You can have a phone call or in-person visit with your clinician 1-2 weeks later.	The abortion happens in the office.  The actual abortion procedure takes 5 to 10 minutes.  Your clinician puts instruments in your vagina and uterus to remove the pregnancy.  You do not need a routine follow-up visit.  You can have a phone call or in-person visit with your regular clinician or at the office where you had the abortion 1-2 weeks later.		
How painful is it?	You may have mild to very strong cramps off and on during the abortion. Pain pills help.	You may have mild to very strong cramps during the abortion. Pain pills help.		
How much will I bleed?	Expect heavy bleeding with clots during the abortion. After that, lighter bleeding may continue off and on for a few weeks.	You may have light bleeding for 1-7 days. Bleeding may continue off and on for a few weeks.		
How much does it cost?	For both types of abortion, the exact cost depends on where you go.			
Can the abortion fail?	The pills work 98-99% of the time. If the pills fail, you may try the pills again or have an abortion procedure.	It works 99% of the time. If it fails, you must have a repeat abortion procedure.		
Can I still have children afterwards?	<b>Yes.</b> Neither type of abortion lowers your chances of getting pregnant or staying pregnant in the future.			

Reproductive Health Access Project / March 2022

www.reproductiveaccess.org

### Abortion Safety

- One of the safest and most common medical procedures
- First trimester abortions DO NOT increase the risk of:
  - Infertility
  - Ectopic pregnancy
  - Miscarriage
  - Birth defects
  - Preterm or low birth weight
  - Breast cancer
  - Mental health issues

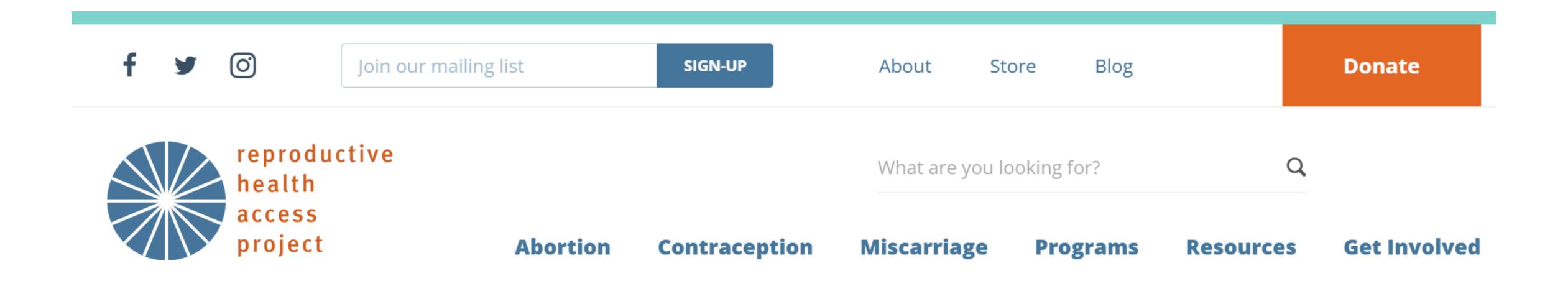


#### References:

Guttmacher Institute. Induced Abortion in the United States. Website https://www.guttmacher.org/fact-sheet/induced-abortion-united-states. Published 1/2017.

Raymond, Elizabeth G., and David A. Grimes. "The Comparative Safety of Legal Induced Abortion and Childbirth in the United States." Obstetrics and gynecology 119.2 Pt 1 (2012): 215–219. Print.





**Home** > Abortion

#### Abortion

In the U.S., about 1 out of 4 people with the ability to get pregnant will have an abortion. Providing early abortion care in primary care settings is safe, effective, and expands access.



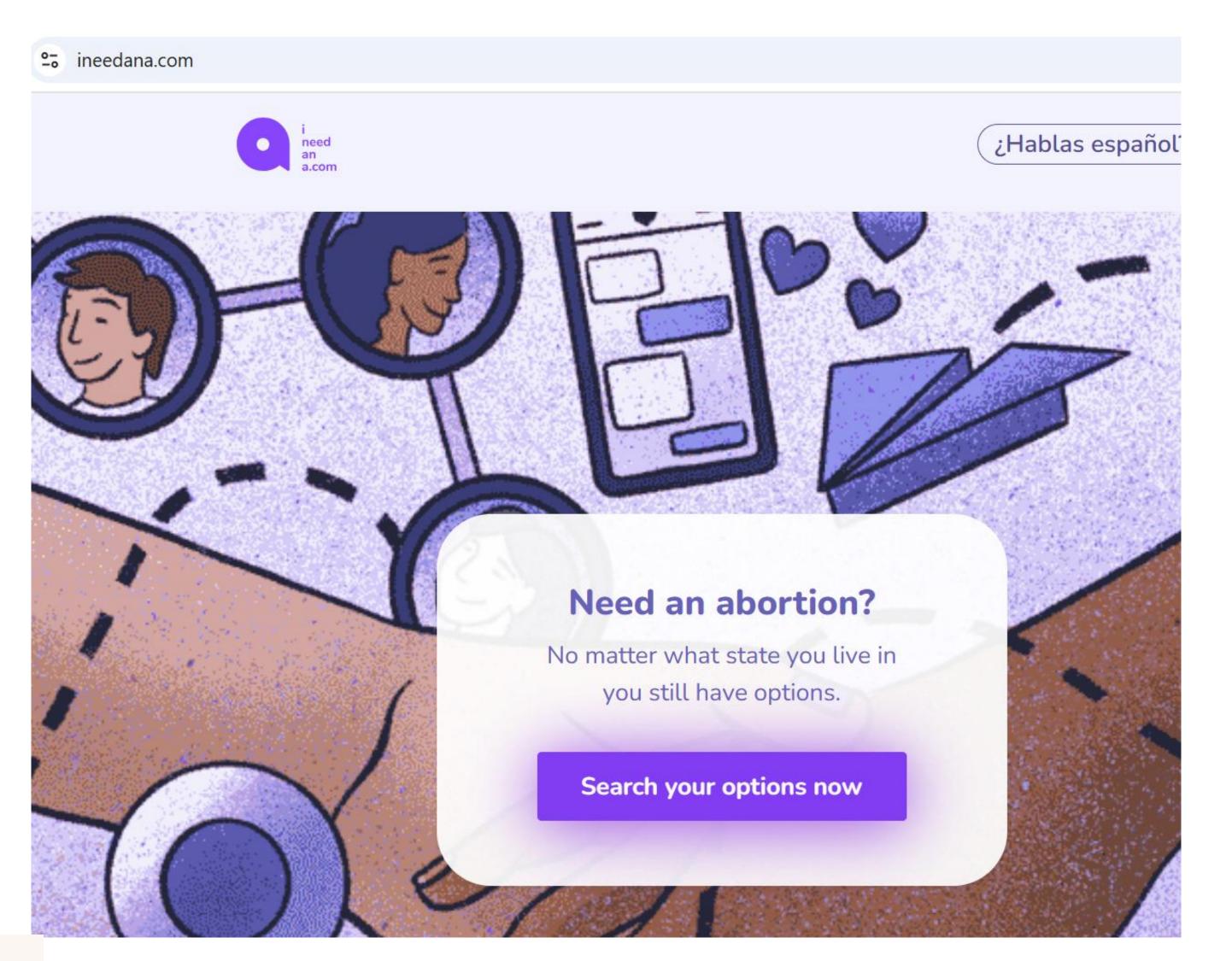
# State Bans on Abortion Throughout Pregnancy

Table 1. Total Abortion Ba				
Jurisdiction	Total ban	Bans in the first 18 weeks of pregnancy	Bans after 18 weeks of pregnancy	No ban or gestational limit
Alabama	X			
Alaska				X
Arizona			Viability*	
New Mexico				X
TOTAL	13	7	21	9 + DC

https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans







### ineedana.com

- Comprehensive +
- regularly updated +
- personalized resource for abortion seekers in the US







Find a Provider

Find Funding & Support ∨

Types of Abortion ∨

**State-by-State Guide** 

**FAQs** 

Home > State-by-State Guide > Abortion in New Mexico > Providers



#### **Abortion in New Mexico**

About

**New Mexico Laws** 

**Find Funding & Support** 

**List of Providers** 

#### Verified abortion providers serving New Mexico

Different providers offer abortion through different pregnancy stages. Use our abortion provider search to find abortion care according to your specific location, age, and pregnancy stage or text "hello" to 435-334-6337. You can also browse the general list of New Mexico abortion providers below.

Find a Verified Abortion Provider



**All Providers** 

Virtual

**In-Person** 

# Abortionfinder continued

#### In-Person New Mexico Providers (11)

Browse providers by city, sorted A-Z.

A - F G - L M - R S - Z

- Also in person
   providers in
   Farmington, Las
   Cruces, and Santa Fe
- + virtual providers

#### A <u>Albuquerque</u>

#### Alamo Women's Clinic of Albuquerque

through 25 weeks, o days 10151 Montgomery Blvd NE, Building 3, Unit B, Albuquerque, NM 87111 (505) 494-5700

#### **Planned Parenthood - Eubank Health Center**

through 17 weeks, 6 days 4630 Eubank Boulevard NE, Albuquerque, NM 87111 (505) 265-9511

#### **Southwestern Women's Options**

through 25 weeks, 6 days 522 Lomas Boulevard NE, Albuquerque, NM 87102 (505) 242-7512

#### **UNM Center for Reproductive Health**

call to learn more 2301 Yale Boulevard SE, Building E, Albuquerque, NM 87106 (505) 925-4455

#### **VAG Clinic (Valley Abortion Group)**

through 32 weeks, 6 days 8120 La Mirada Pl NE, Albuquerque, NM 87109 (505) 221-6337

#### Whole Woman's Health Of New Mexico

through 20 weeks, o days 718 Lomas Blvd NW, Albuquerque, NM 87102 (505) 441-2259



### If the Patient is...Unsure

- Begin by offering to answer any questions
- Discuss all options with the patient
- Ask open-ended, non-directive questions: "Can you say more about what you are feeling?"
- Abortion restrictions may impact timing for decisions
- Provide information on exposures that may be harmful to a developing pregnancy (e.g. medications, drugs/alcohol, etc)
- Additional support: All Options Talkline, 1-888-493-0092



# In summary

#### If pregnancy test is negative:

Support patient – all responses are welcome

Assess if pregnancy prevention (including emergency contraception) is indicated, if desired by patient

Follow up pregnancy test recommendations

#### If pregnancy test is positive:

Discuss all pregnancy results in a patient-centered and unbiased manner

Identify resources for referral for pregnancy care services if your clinic does not provide this care.



### RESOURCES.

- Provide Pregnancy Referrals Toolkit
- Provide Abortion Referrals Toolkit
- Provide Practice Guide on All-Options
   Counseling
- National Network of Abortion Funds
- Apiary Practical Support
- Plan C
- All-Options
- Nondirective Options Counseling Job Aid
- OARS Model Job Aid

