

Livewell Southwest

**Community Contraception and  
Sexual Health Service**

**Pregnancy Testing Policy  
Version No 2**

**Review: July 2017**

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.**

**Author: Service Manager**

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## Reader Information

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## Document review history

Version no.	Type of change	Date	Originator of change	Description of change
1	Full review	2005	Yvonne Boyle	Document reviewed and updated
1:1	Updated	2007	Michele Edwardes	Reviewed and updated to include Quadrantech 4
1:2	Updated	June 2007	L. Stanton	Formatted to bring in line with corporate standards
1:3	Reviewed	Sept 09	A Cruse	Reviewed, no changes made.
1:4	Reviewed	April 2011	A Cruse	Amendments to comply with current Policy template
1:5	Reviewed	July 2013	J Norris	Reviewed, amendments to comply with current Policy template and LSW logo
2	Reviewed	June 2015	J Norris	Reviewed, added details of self test kit provision

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## **Abbreviations**

CCASH	Community Contraception and Sexual Health Service
EMU	Early Morning Urine
FPA	Family Planning Association
PAC	Pregnancy Advisory Centre

# Pregnancy Testing - Clinical Policy - Number 10

## 1 Introduction

This policy aims to ensure that correct procedures are in place for the accurate and effective use of pregnancy tests.

## 2 Purpose

2.1 The purpose of this policy is to ensure that clients feel confident when attending the Community Contraception and Sexual Health Service that they will receive accurate and reliable pregnancy testing results.

2.2 This policy also provides advice on follow-up and referral pathways.

## 3 Duties

The CCASH service has a responsibility to implement and monitor the use of this policy within the Service Responsibilities include:

- Ensure that pregnancy tests are recorded for audit purposes.
- Ensure that clinicians undertaking pregnancy testing are monitored for quality standards.
- Ensure that clinicians are informed of any changes regarding this policy.
- Coordinate clients' attendance at services for treatment and any follow up required.

### 3.1 Individuals' responsibility

- Each professional must ensure they adhere to their own professional code of conduct.
- Each professional is accountable for their own practice and must ensure that they maintain their competency through continuous professional development (CPD) and be able to demonstrate their competency as required by their individual service manager.
- Each professional must inform the Service Manager of any training and updating carried out.
- Each professional must work to this policy.
- Ensure that clinics for which they have a responsibility have adequate supplies of pregnancy tests and termination referral stationery prior to commencement of clinic.

## 4 Definitions

4.1 This policy is to be used alongside the Termination of Pregnancy policy.

4.2 The Pregnancy Advisory Service (PAC) is a service provided by Plymouth

Hospitals NHS Trust as an outpatient clinic for women requesting termination of pregnancy.

## **5. Pregnancy Testing – Clinical Policy No. 10**

### **5.1 Introduction**

Pregnancy tests are available free on request. Clients who telephone to enquire are advised to bring an early morning urine (EMU) sample in a clean plastic container.

**NB** Urine bottles containing boric acid should NOT be used as boric acid crystals and can give false negative results with some pregnancy tests.

### **5.2 Testing**

5.2.1 Prior to the test being carried out, the following criteria should be met:

- It is at least four weeks since the first day of the last menstrual period.
- An EMU sample is supplied - although if the period is overdue by ten days or more an EMU is not essential. If a non-EMU sample is tested, advise the patient that a negative result may not be accurate and that the test needs to be repeated with EMU.

5.2.2 Pregnancy Tests are to be carried out following the manufacturers' instructions.

The result of the Pregnancy Test should be shown to the client and compared with the manufacturer's instructions. Any equivocal results are to be shown to the Doctor for clarification if present in clinic. The result is to be accurately recorded in the client's medical records. Any equivocal results should be repeated 1 week later with an EMU.

5.2.3 Give the client a completed result slip if clients request a written confirmation of result.

5.2.4 Urine samples are to be disposed of in the lavatory/sluice. Client's own jar (if glass) returned to client. Plastic or universal containers are to be disposed of in the clinical waste bags.

### **5.3 Positive results**

Following a positive result there should be discussion on the pregnancy, to include options for choice.

5.3.1 Continuation of the pregnancy, including Adoption/Fostering or keeping the baby.

- All relevant leaflets to be given as appropriate, including pregnancy, folic acid, smoking advice.
- Refer to GP for ante-natal care.

### 5.3.2 Termination of Pregnancy.

Referral to PAC.

Follow Clinical Guidelines for Nurse Referral For Termination Of Pregnancy.  
Advise on contraception after pregnancy.

## 5.4 Negative Result

If a negative result, discuss plans for pregnancy.

If pregnancy is planned/wanted, discuss pre-conception care as appropriate, to include:-

- Use of Folic Acid
- Diet
- Smoking etc.

If pregnancy is not planned, discuss with the client her future contraceptive requirements, including any failure of usual method.

## 5.5 Other considerations

Consider other risks and treat accordingly.

- Risk of sexually transmitted infections including Chlamydia. If appropriate, offer screening under the National Chlamydia Screening Programme.
- Ensure any Safeguarding issues are addressed.

## 5.6 Self test kits

CCASH Staff can offer a pregnancy test kit to clients when we have issued contraception using Quick Start criteria.

Clients will be offered a Mediceck pregnancy test strip with written and verbal instructions as per manufacturer's guidance, plus a urine collection pot with the appropriate date for use written on the packaging.

In the event of a positive result the client will have been advised to contact her GP or CCASH for further advice as soon as possible. CCASH staff will follow the policy guidance in section 5.3

## **6. Monitoring Compliance and Effectiveness**

The CCASH service will comply with monthly auditing of pregnancy testing through the Quality Assurance programme.

The CCASH service will maintain an up to date register of individual auditing results.

The CCASH service will review each practitioner's pregnancy testing audit and identify ongoing training needs.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Operations

Date: 15<sup>th</sup> July 2015