

PREGNANCY TESTING

I. INTRODUCTION

Early pregnancy testing has a number of benefits. A positive pregnancy test allows for early entry into prenatal services for those who wish to be pregnant or a discussion of options for those who do not wish to be pregnant. A negative pregnancy test provides the opportunity to discuss contraception for those who wish not to be pregnant or preconception counseling for those wishing to become pregnant.

A number of different pregnancy tests are available. The most common office pregnancy tests are urine immunometric assays that are specific for the Beta subunit of human chorionic gonadotropin (β -hCG). These tests provide accurate qualitative (positive or negative) test results for hCG levels from 5 to 50 mIU/mL. Most of these tests can detect pregnancy 7-10 days after conception and approximately 1 week before the next period is due. False-negative results can occur if the urine specimen is dilute or if the β -hCG level is too low to be detected by that specific test. False-positive results can occur due to product or laboratory error or due to a cross-reaction of hCG with luteinizing hormone.

Urine pregnancy tests do not quantitate the level of β -hCG present. The immunometric tests for urinary β -hCG are generally positive when the maternal serum levels of β -hCG are 25 mIU/mL or more.

After delivery or termination of pregnancy, β -hCG levels decrease slowly. A β -hCG level may be detected in the urine as long as 60 days (31-38 days usual range) after a first trimester abortion. As long as the β -hCG levels are dropping this should not cause concern.

High levels of β -hCG can confirm trophoblastic activity. These tests can detect concentrations of β -hCG as low as 5 mIU/mL. Serum β -hCG can be effective as an aid to diagnosing ectopic pregnancy, trophoblastic disease, impending abortion or possible retained placental fragments.

II. PLAN OF ACTION

- A. A urine pregnancy test should be performed upon the request of the client, when symptoms or physical findings suggest the possibility of pregnancy, and/or done in the process of monitoring certain contraceptive measures.
- B. The pregnancy test result and subsequent counseling should be documented in the family planning record and/or on a pregnancy test encounter form.
- C. The pregnancy test provides the “teachable moment”.
 1. Positive pregnancy test: desires to continue pregnancy
 - a. The client is encouraged to enter a prenatal care program within 2 weeks.

- b. The client should start taking a daily prenatal vitamin containing 0.4 mg of folic acid.
 - c. The client should be offered prenatal education to include the need for early prenatal care with emphasis on good health practices during pregnancy (e.g., good nutrition, avoidance of smoking, alcohol, drugs and exposure to other dangerous substances).
 - d. There needs to be a discussion of all medications and supplements the client is using.
 - e. The client needs to be assessed for supportive interventions and offered appropriate referrals to MCHIP, WIC, Healthy Start, DSS (adoption, foster care), genetic counseling, etc.
2. Positive pregnancy test: desires to terminate pregnancy
- a. The client needs to be referred to an appropriate health care facility/provider for termination options, details, timing, and costs.
 - b. The possibility of giving up the baby for adoption can be explored and resources and referrals made available.
 - c. The need for a timely decision about termination should be emphasized, along with encouraging a safer and healthier lifestyle in the meantime.
 - d. The need for effective contraception after pregnancy termination must be discussed.
3. Negative pregnancy test: desires pregnancy
- a. The client should be offered preconception counseling as outlined in this Family Planning Program Clinical Guidelines manual.
 - b. If infertility appears to be an issue, physician consultation and referral should be considered.
 - c. The client should start taking a daily multivitamin containing 0.4 mg of folic acid.
4. Negative pregnancy test: does not desire pregnancy
- a. If a missed period was the reason for the pregnancy test, offer the client a repeat urine pregnancy test in 2 weeks if there is still no menses.
 - b. If the need for contraception is immediate, offer the client one of the barrier methods of contraception.
 - c. Offer the client emergency contraception for any unprotected vaginal intercourse that occurred in the 120 hours prior to the current visit.
 - d. Offer advanced placement emergency contraception for future use.
 - e. Hormonal contraception may be offered if the client meets the criteria for the respective hormonal preparation being considered. No pelvic examination is required to begin the method.
 - f. Offer the client an appropriate family planning appointment or referral.

III. FOLLOW-UP

- A. A serum quantitative β -hCG should be considered if repeat urine pregnancy tests are negative in spite of evidence suggesting possible pregnancy.
- B. Follow-up appointments will depend on a client's contraceptive requirements, a client's menstrual history and clinical condition, and further need for pregnancy testing.

REFERENCES

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