



Triage, Management, + Referral for Early Pregnancy Symptoms

FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

Policy and Procedures Template



Instructions

This template is intended to assist sexual, reproductive health, and/or family planning providers in the development and/or update of local, service site-specific policies and procedures. If your organization decides to use this template, your organization will tailor the contents to your own specific needs and create a local policy and procedure document. It is expected that the individual(s) using the template protocol as a starting point will include the appropriate option that reflects their organization's current practices. If your organization has policies, procedures, or practices that are not listed as an option, they should be described in detail and inserted into the draft local document. When formatting the draft local version, the options that do not apply to the organization should be deleted. In addition to this, it is recommended to adhere to the following:

1. Areas highlighted in **(blue)** should be edited to include the indicated information within the parentheses.
2. Segments written in **[gold]** are intended as notes/instructions to the reader and should not be included as content in the local document.
3. The cover, instructions/disclaimer page (that you are currently reading), and CTC-SRH logo should not be included in the local document.

Disclaimer

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[Insert Agency Logo Here]

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Triage, Management, and Referral for Early Pregnancy Symptoms

The purpose of this policy is to describe **(Insert Agency's Name)** process for providing care to clients who have had a positive pregnancy test. **(Insert Agency Name)** will provide **(Insert Services)** to patients in the first trimester (up to 13 weeks and six days gestation from LMP) of pregnancy. Specifically, **(Insert Agency Name)** will triage complaints and offer education, management, or referral for:

1. Abdominal/pelvic pain
2. Vaginal bleeding
3. Nausea/vomiting
4. Urinary tract infection
5. Early pregnancy loss

This policy does not include ongoing management of pregnancy. **(Insert Agency Name)** does not provide prenatal care. This policy also describes the process by which, if a higher level of care is necessary, **(Insert Agency Name)** will provide timely referrals with clear communication to the referral center.

Policy Information	Description
Title	Early Pregnancy Triage, Management and Referral
Effective Date	
Revision Dates	
Review Due Date	
References	<ul style="list-style-type: none"> • American College of Obstetricians and Gynecology (ACOG) Practice Bulletin on Early Pregnancy Loss • Title X Program Handbook, Section 3, Provision of High-Quality Family Planning Services #9 • 2021 Title X Final Rule 42 CFR § 59.5 (a)(5)
Additional Resources	<ul style="list-style-type: none"> • Reproductive Access Project – Early Pregnancy Loss Resources • Clinical Training Center for Sexual and Reproductive Health: Assessment and Triage of Early Pregnancy Symptoms • Mother to Baby – Searchable Database on Teratogenicity of Medications and Other Substances
Approval Signature	
Approved Date	

Policy

[Agency may want to include the following]

- Pregnant clients will be offered the opportunity to receive information and counseling regarding each of the following options:
 - Prenatal care and delivery
 - Infant care, foster care, or adoption
 - Pregnancy termination (42 CFR § 59.5(a)(5))
- Pregnant clients presenting with abdominal/pelvic pain will be triaged for referral to a higher level of care or in-clinic evaluation and management.
- Pregnant clients presenting with vaginal bleeding will be triaged for referral to a higher level of care or in-clinic evaluation and management.
- Pregnant clients presenting with nausea and vomiting will be triaged for referral to a higher level of care or in-clinic evaluation and management.
- Pregnant clients presenting with urinary tract infections will be evaluated and treated according to clinic protocols.
 - If presenting with signs and symptoms of pyelonephritis, pregnant clients will be triaged and referred to a higher level of care.

Procedure

[Agency may want to include the following]

- Description of which staff will provide evaluation, management, and/or referral to a higher level of care (e.g., clinical services providers, physician, nurse practitioner, certified nurse midwife, physician assistant, nurses, or service site staff).
- Description of referral workflow and talking points for different types of referrals. For instance, “Abortion is currently banned in [STATE] with very limited exceptions. For information about the current legal status of abortion in other states, visit www.abortionfinder.org, [Know Your Rights](#), and [Nondirective Counseling and Referral Job Aid](#)
- Include a workflow for what to do if client needs/requests services that are not currently available in your state’s legal context and process for referral out of state, if necessary.
 - Title X providers have the flexibility to refer clients for services across state lines if necessary (42 CFR § 59.5(b)(5)).
- Where staff will be able to locate up-to-date referral names and contact information.
- List of agencies and/or websites that staff can use to provide information about resources.
- List of common first-trimester symptoms and algorithms for treatment of those that may require more than reassurance (constipation and GERD). [Evidence-Based Treatment Recommendations for Gastroesophageal Reflux Disease During Pregnancy: A Review](#)
- Algorithm for the evaluation and treatment of urinary tract infection symptoms in the pregnant patient and indications and procedure for referral to a higher level of care if pyelonephritis is suspected. [ACOG Clinical Consensus Urinary Tract Infections in Pregnant Individuals](#)

- List of differential diagnoses for abdominal/pelvic pain in pregnancy and which signs/symptoms should trigger immediate referral to a higher level of care. [Clinical Protocol Template for Early Pregnancy Pain and Bleeding](#)
- List of differential diagnoses for vaginal bleeding in pregnancy and which signs/symptoms should trigger immediate referral to a higher level of care. [First Trimester Bleeding Algorithm](#)
- Algorithm of management options for nausea and vomiting during pregnancy. [American Family Physician – Nausea and Vomiting of Pregnancy](#)
- Workflow for use of high- and low-sensitivity urine pregnancy tests. [Clinical Protocol Template for Early Pregnancy Pain and Bleeding](#)
- Workflow for the use of serum B-HCG laboratory test. [Clinical Protocol Template for Early Pregnancy Pain and Bleeding](#)
- Algorithm for trending serum B-HCG levels and next steps in management. [Ectopic Pregnancy Algorithm](#)
- Description of which staff will be responsible for following/tracking serum B-HCG lab results and communicating with the client on next steps as soon as the results are available. Description of the process to follow when labs are expected back when the clinic is closed, i.e., on weekends or holidays.
- Description of which staff will provide first-trimester ultrasound, if available at clinic site, or information on where immediate ultrasound can be accessed.
- Reference guide for diagnosing failed early intrauterine pregnancy based on first-trimester ultrasound. (If available at clinic site). [Diagnostic Criteria for Nonviable Pregnancy Early in the First Trimester](#)
- Workflow and script/talking points for sharing information about different early pregnancy loss management options.
- Workflow for follow-up after early pregnancy loss or abortion.
- Procedure for vetting referral resources. Efforts should be made to ensure referral clinics have the following:
 - Ability to provide comprehensive early pregnancy care for early pregnancy loss management. (i.e., mifepristone for medication management, uterine aspiration)
 - Capacity for emergent gynecologic surgery in the setting of unstable ectopic pregnancy.
 - Ability to provide methotrexate therapy for appropriate ectopic pregnancy candidates.
- Schedule for updating referral information.
- Description of coding and billing for early pregnancy visits. ([CTC-SRH Early Pregnancy Loss Billing and Coding](#))