

## WOMEN'S HEALTH SCREENING & REFERRAL PROGRAM (WHSRP)

### I. INTRODUCTION

The federal Title X Family Planning Program requires Title X sites to provide pregnancy diagnosis and counseling to all clients in need of this service<sup>1</sup>. Pregnancy testing is one of the most common reasons for a first visit to a family planning facility. It is therefore important to use this occasion as an entry point for providing education and counseling about family planning. For those clients with a positive pregnancy test result who elect to continue the pregnancy, referral for early initiation of prenatal care should be made.

Clients planning to carry their pregnancies to term should be given information about good health practices during early pregnancy, especially those that serve to protect the fetus (e.g. good nutrition, avoiding smoking, drugs, and exposure to X-rays). Title X sites must offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: 1) prenatal care and delivery, 2) infant care, foster care, and adoption, and 3) pregnancy termination.

If requested to provide such information and counseling, Title X providers must provide neutral, factual information and nondirective counseling on each of these options, and referral upon request, except with respect to any option(s) about which the pregnant woman indicates that she does not wish to receive such information and counseling. Clients who are found to be not pregnant should be given information about the availability of contraceptive and infertility services, as appropriate.

A number of situations demonstrate the benefits of preconception intervention<sup>2</sup>. These include patients with diabetes, phenylketonuria, or infectious diseases (such as congenital rubella syndrome). In addition, the use of folic acid to prevent neural tube defects, the avoidance of certain prescription medications, and the institution of dietary changes before conception have also been shown to affect the pregnancy outcome positively.

Along with the potential opportunity for primary prevention of some congenital anomalies and other complications of pregnancy, preconception counseling offers an ideal time to educate women about the advantages of planning their pregnancies. Among women in the United States, the unintended pregnancy rate is nearly 49%<sup>3</sup>. Preconceptional counseling also allows for the timely sharing of information about the importance of prenatal care, its content, and its frequency. Such counseling can help the patient establish realistic expectations about pregnancy outcome.

---

<sup>1</sup> US Department of Health & Human Services, Office of Population Affairs. Program Guidelines for project Grants For Family Planning Services. January 2001.

<sup>2</sup> American College of Obstetricians & Gynecologists. Technical Bulletin. Preconception Care. Number 205-May 1995.

<sup>3</sup> Henshaw, SK. Unintended Pregnancy in the United States. Family Planning Perspectives 30(1): 24-29, 46, 1998.

Targeting only self-referred women who are planning their next conception or women referred with risk factors will result in a number of missed opportunities for primary prevention. Women who experience unintended pregnancies are at least as likely to have risk factors for poor pregnancy outcomes, as are women who deliberately choose to become pregnant.

A negative pregnancy test visit provides an opportunity for preconception risk assessment and counseling<sup>4</sup>. This visit may be an opportunity to identify the risk status of women and may be a time to initiate preventive interventions. Some risks are easily identified and effective interventions available (e.g. rubella vaccination). Other risks such as smoking are certainly worthy of identification and interventions although treatments are not always effective. Some conditions, particularly psychosocial risk, are not easily treated but may benefit by and evaluation or counseling by the primary care physician or by involvement of appropriate community resources.

## **II. WOMEN'S HEALTH SCREENING AND REFERRAL PROGRAM (WHSRP)**

The Women's Health Screening & Referral Program (WHSRP) was developed to address four important public health objectives: 1) to prevent unintended pregnancies, 2) to improve pregnancy outcomes by identifying health risks and assuring appropriate referrals both prenatally and during the preconception period, 3) to identify gaps in the existing services delivery system, and 4) to create a risk responsive continuum of care for all women of childbearing age, regardless of pregnancy status.

Implemented in 1997 as a pilot project in a few Title X family planning clinics and private OB/GYN practices, the WHSRP was expanded in 1998 to nine Title X family planning clinics in 1998. As a part of the WHSRP, all women can receive a pregnancy test at no cost to them. All women receiving pregnancy tests are asked to fill out a voluntary 21- item "Care Questionnaire" survey while they are waiting for the results of their pregnancy test. The survey is available in English and Spanish.

The "Care Questionnaire" was developed by a partnership of family planning, obstetrical, and primary care professionals to flag significant risk to a woman's health and pregnancy status. Women who are identified with one or more risks through the WHSRP are provided with education, and may be referred to any one of the following services, depending on their pregnancy status: family planning, smoking cessation, substance abuse assessment, nutrition services, social services, home visiting, domestic violence assistance, genetics counseling, local community action programs, and medical or early prenatal care.

---

<sup>4</sup> Jack, B; Campanile, C; McQuade, W; and Kogan, M. The Negative Pregnancy Test: An Opportunity for Preconception Care. Archives of Family Medicine. April, 1995, Volume 4.

## VII. WHSRP PROTOCOLS

### A. Pregnancy Test

Women receiving pregnancy tests should not be charged for the pregnancy test. If the woman has medical coverage, the test is billed to the appropriate third party. The cost of the pregnancy test for uninsured women (\$15.00) will be supported with federal Title V Maternal & Child Health funds. The amount that each agency will receive from Title V funds will be determined by the Family Planning Program monthly utilizing data collected through the Title X regional database. Specifically, the Family Planning Program will reimburse each agency \$15.00 for every client that received a pregnancy test for which one of the following primary source of reimbursement categories were indicated on an FPER: “100% Grant/Title X”, “Self-Pay-Partial”, and “Self-Pay-Full”. For this reason, it is important for agencies to complete an FPER on every client who receives a pregnancy test.

### B. Care Questionnaire

Each woman who receives a pregnancy test should be asked to complete a “Care Questionnaire” form on a voluntary basis while they are waiting for the results of their pregnancy test. The “Care Questionnaire” form is available in English and in Spanish. To order “Care Questionnaire” forms, agencies should call Lauren Piluso of the Division of Family Health at 222-5919 to obtain a copy of the Family Planning Program’s Materials Order Form. Each agency will be reimbursed \$15.00 for every completed “Care Questionnaire” that the Family Planning Program receives. The top copy of completed “Care Questionnaire” forms (the white copy) should be mailed to Katie Coupe, c/o the Rhode Island Department of Health Family Planning Program, 3 Capitol Hill, Room 302, Providence, RI 02908. The agency may include the second copy (the yellow copy) in the client’s medical record. The bottom copy (the pink copy) may be given to the client.

Agencies should refer to the following protocols to ensure that “Care Questionnaire” forms are completed correctly. The Family Planning Program will not reimburse agencies for incomplete “Care Questionnaire” forms.

There are two sections on the “Care Questionnaire” form, a white section and a gray section. The white section should be filled out by the client and includes several medical, behavioral, and social risk factors. The provider should fill out the gray section when he or she meets with the client to discuss the pregnancy test results. The gray section represents the referrals that should be initiated based on the risk factor information that the client provided in the white section.

The referrals (gray section) have either a (+) or a (-) next to them to indicate when a referral should be initiated. If a client has a positive pregnancy test, then a referral with a (+) next to it may be made based on the response to the related question. If the client has a negative pregnancy test, then a referral with a (-) next to it may be made based on the response to the related question. In addition, there are also some referrals with both a (+) and a (-) in which a referral may be made for either a positive or a negative pregnancy test based on the response to the related question.

The provider should include the date of service and the date of birth of the client at the top of the white section, in addition to completing the gray section.

The provider must include the Patient Number and the Service Site Number at the top of the gray section. The Service Site Number is the three or four-digit number that the agency uses on the Family Planning Encounter Form (FPER).

In the gray section under For Office Use Only, the provider must check off whether it was a Positive Pregnancy Test or a Negative Pregnancy Test. The provider should then check off the appropriate referral boxes depending on the outcome of the pregnancy test and the appropriateness of the referral. For a Positive Pregnancy Test, the referral check-off boxes include Prenatal Care, Options Counseling, Rite Care, Home Visiting Program, and Adolescent Self-Sufficiency Program. For a Negative Pregnancy Test, the check-off boxes include Family Planning, Preconception Counseling, Teen Prevention Program, Other, and No Referral Available.

Providers interested in ordering the following printed informational brochures to give to *pregnant women* should call Lauren Piluso, of the Division of Family Health, at 222-5919, to obtain a copy of the Family Planning Program's Materials Order Form: *What if I'm Pregnant? (English & Spanish)*, *Lead Poisoning: Tips for Pregnant Women (English & Spanish)*, and *Healthy Foods, Healthy Baby (English & Spanish)*. Available materials for women with a negative pregnancy test result include the following: *What is Right For You? Choosing a Birth Control Method (English & Spanish)*, *Sexual Abstinence: Choosing to Wait (English and Spanish)*, *Saying No If You've Had Sex Before (English & Spanish)*, *How to Say No and Keep Your Boyfriend (English & Spanish)*, *Birth Control: Talking to Your Parents (English)*, *Are You Ready for a Baby? (English & Spanish)*, *Teen Pregnancy: Don't Take Chances (English & Spanish)*, and *Am I Ready to Be A Mom? (English & Spanish)*.

Question #s 1-4 (white side) are not linked to specific referrals (gray side). However, question #s 5-21 are linked to specific referrals.

**Question #5, "If you are pregnant, do you have someone to help you?":** The client should answer **Yes** or **No** in the white section of the form. If the client answers **No** and has a *positive* pregnancy test, the provider may check off the Home Visiting Program and/or Other box in the gray section. If the client answers **No** and has a *negative* pregnancy test, the provider may check off the Other or the No Referral (available) box in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, no referral is necessary.

The Home Visiting Program is the Division of Family Health's Family Outreach Program (FOP). Culturally diverse FOP staff provide information and education to pregnant women and families with young children on breastfeeding and newborn care, provide newborn developmental screening, and referral to lead poisoning testing, child care, breastfeeding support, nutrition counseling for pregnant women, WIC, Rite Care, Early Intervention, community action programs, and Food Stamps. There is no cost to participate in the FOP. Providers interested in locating the nearest FOP on behalf of a pregnant client may call the Family Health Information

Line at 1-800-942-7434. Providers interested in ordering FOP printed informational brochures, titled, *The Family Outreach Program*, to give to pregnant women should call Lauren Piluso, of the Division of Family Health, at 222-5919, to obtain a copy of the Family Planning Program's Materials Order Form.

**Question #6, "Do you ALWAYS have heat, hot water, electricity, and access to a phone?":**

The client should answer **Yes** or **No** in the white section of the form. If the client answers **No** and has a *positive* pregnancy test, the provider may check off the Home Visiting Program and/or the Community Action Program (CAP) box in the gray section. If the client answers **No** and has a *negative* pregnancy test, the provider may check off the Community Action Program (CAP) box in the gray section. If the client answers **Yes** and has a *negative* or *positive* pregnancy test, no referral is necessary. Providers interested in locating the nearest FOP on behalf of a pregnant client or the nearest CAP on behalf of a client may call the Family Health Information Line at 1-800-942-7434. Providers interested in ordering FOP printed informational brochures, titled *The Family Outreach Program*, to give to pregnant women should call Lauren Piluso, of the Division of Family Health, at 222-5919 to obtain a copy of the Family Planning Program's Materials Order Form.

**Question #7, "Have you skipped meals or eaten less because you do not have enough money or food?":**

The client should answer **Yes** or **No** in the white section of the form. If the client answers **Yes** and has a *positive* pregnancy test, the provider may check off the WIC, Community Action Program, Local Food Bank, and/or Other boxes in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, the provider may check off the Community Action Program, Local Food Bank, and/or Other boxes in the gray section. If the client answers **No** and has a *negative* or *positive* pregnancy test, no referral is necessary. Providers who are interested in locating the nearest WIC program, community action program, local food bank or other food assistance program on behalf of a client may call the Family Health Information Line at 1-800-942-7434. Providers interested in ordering WIC printed informational brochures, titled *The WIC Program*, to give to pregnant women should call Lauren Piluso, of the Division of Family Health, at 222-5919 to obtain a copy of the Family Planning Program's Materials Order Form.

**Question #8, "Do you have any concerns about nutrition or diet?":**

The client should answer **Yes** or **No** in the white section of the form. If the client answers **Yes** and has a *positive* pregnancy test, the provider may check off the WIC box in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, the provider may check off the Nutrition Education, Other, or No Referral (available) boxes in the gray section. If the client answers **No** and has a *negative* or *positive* pregnancy test, no referral is available. Providers who are interested in locating the nearest WIC program on behalf of a pregnant client or nutrition education program on behalf of a client may call the Family Health Information Line at 1-800-942-7434. Providers interested in ordering WIC printed informational brochures, titled *The WIC Program*, to give to pregnant women should call Lauren Piluso, of the Division of Family Health, at 222-5919 to obtain a copy of the Family Planning Program's Materials Order Form.

**Question #9, "Have you visited a doctor in the past year?":**

The client should answer **Yes** or **No** in the white section of the form. If the client answers **No** and has a *positive* pregnancy test, the provider may check off the Early Prenatal Care box in the gray section. If the client answers

**No** and has a *negative* pregnancy test, the provider may check off the Medical Provider box in the gray section. If the client answers **Yes** and has a *negative* or *positive* pregnancy test, no referral is necessary.

**Question #10, “Do you have any medical or health problems?”:** The client should answer **Yes** or **No** in the white section of the form. If the client answers **Yes** and has a *positive* pregnancy test, the provider may check off the Early Prenatal Care box in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, the provider may check off the Medical Provider box in the gray section. If the client answers **No** and has a *negative* or *positive* pregnancy test, no referral is necessary.

**Question #11, “Do you take a multi-vitamin with folic acid every?”:** The client should answer **Yes** or **No** in the white section of the form. If the client answers **No** and has *negative* or *positive* pregnancy test, the provider may check off the Multivitamin and/or Folic Acid Education box. The Family Planning Program has provided multi-vitamins for this purpose to agencies. If the client answers **Yes** and has a *negative* or *positive* pregnancy test, no referral is necessary, however, if the client is taking a multivitamin but is unaware of the benefits of taking folic acid, the Folic Acid Education box may be checked off in the gray section. Providers may call Lauren Piluso of the Division of Family Health at 222-5919 to request a copy of the Family planning Program’s Materials Order Form to order the following printed informational brochures for clients: *Help Protect Your Baby From Birth Defects: Take Folic Acid (English & Spanish)*, *Folic Acid is Good for Me (Caucasian, African American, & Spanish)*, and *I Treasure My Body (English & Spanish)*.

**Question #12, “Do you have problems getting to the doctor because of transportation, child care, or other reasons?”:** The client should answer **Yes** or **No** in the white section of the form. If the client answers **Yes** and has a *positive* pregnancy test, the provider may check off the Home Visiting Program box in the gray section. If the client answers **Yes** and has *negative* pregnancy test, the provider may check off the Other or No Referral Available boxes in the gray section. If the client answers **No** and has a *negative* or *positive* pregnancy test, no referral is necessary. Providers interested in locating the nearest FOP on behalf of a pregnant client may call the Family Health Information Line at 1-800-942-7434. Providers interested in ordering FOP printed informational brochures, titled *The Family Outreach Program*, to give to pregnant women should call Lauren Piluso, of the Division of Family Health, at 222-5919 to obtain a copy of the Family Planning Program’s Materials Order Form.

**Question #13, “Do you smoke? If no, do you spend time with other smokers?”:** Question #13 is a two-part question. If the client answers **No** to the first part (i.e. do you smoke?), then they should answer **Yes** or **No** to the second part (i.e. do you spend time with other smokers?). If the client answers **Yes** to the first part, they do not have to answer the second part. If the client answers **Yes** to the first part and has a *positive* pregnancy test, the provider may check off the Tobacco Cessation Program and/or the Tobacco Cessation Education boxes in the gray section. If the client answers **Yes** to the first part and has a *negative* pregnancy test, the provider may check off the Tobacco Cessation Program, Tobacco Cessation Education, or the No Referral Available boxes in the gray section. If the client answers **No**, refer to the second part of the question. If the client answers **Yes** to the second part and has a *positive* pregnancy test, the

provider may check off the Tobacco Cessation Program and/or Tobacco Cessation Education boxes in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, the provider may check off the Tobacco Cessation Program, Tobacco Cessation Education, or the No Referral Available boxes in the gray section. If the client answers **No** and has a *negative* or *positive* pregnancy test, no referral is necessary.

Providers may call Lauren Piluso of the Division of Family Health at 222-5919 to obtain a copy of the Family Planning Program's Material Order Form to order the following printed informational brochures for clients: *Quit Smoking for One Day (English & Spanish)*, *A Teen's Guide to Quitting Smoking (English)*, *How Tobacco Affects your Body (English & Spanish)*, *Smoking and The Pill, Shot, Patch or Ring (English)*, and *Other People's Smoke (English & Spanish)*. Providers who wish to refer a client to a no cost Rhode Island Department of Health-funded Smoking Cessation Program (which includes no cost nicotine replacement aids and counseling in community-based locations) may call (English) 1-800-Try-To-Stop (1-800-879-8678) or (Spanish) 1-800-8-Dejalo (1800-833-5256).

**Question #14, "Do you drink beer, wine or hard liquor or use marijuana, cocaine, heroin, or other drugs?":** The client should answer **Yes** or **No** in the white section of the form. If the client answers **Yes** and has a *positive* pregnancy test, the provider may check off the Substance Abuse Education and/or the Substance Abuse Assessment boxes in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, the provider may check off the Substance Abuse Education, Substance Abuse Assessment, or the No Referral Available boxes in the gray section. If the client answers **No** and has a *negative* or *positive* pregnancy test, no referral is necessary. Providers interested in referring a client to substance abuse assessment and/or treatment services may call the Family Health Information Line at 1-800-942-7434. Providers interested in ordering the following printed informational brochures may call Lauren Piluso, of the Division of Family Health, at 222-5919 to order a copy of the Family Planning Program's Materials Order Form: *About Alcohol (English & Spanish)*, *About Drug Addiction (English & Spanish)*, and *About Ecstasy and Other Club Drugs (English & Spanish)*.

**Question #15, "Do you use condoms every time you and you partner(s) have sexual intercourse?":** The client should answer **Yes** or **No** in the white section of the form. If the client answers **No** and has a *negative* or *positive* pregnancy test, the provider may check off the STD/HIV Education and/or the HIV/STD Counseling/Testing boxes in the gray section. If the client answers **Yes** and has a *positive* pregnancy test, the provider may check off the STD/HIV Education and/or the HIV/STD Counseling/Testing boxes in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, the provider may provide STD/HIV Education and/or offer STD/HIV Counseling/Testing. Providers interested in ordering HIV/STD prevention printed informational brochures may call Lauren Piluso, of the Division of Family Health, at 222-5919 to order a copy of the Family Planning Program's Materials Order Form.

**Question #16, "Have you or your partner(s) had Hepatitis, a positive HIV test, or AIDS?":** The client should answer **Yes** or **No** in the white section of the form. If the client answers **Yes** and has a *positive* pregnancy test, the provider may check off the Early Prenatal Care box in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, the provider may check off the Medical Provider box in the gray section. If the client answers **No** and has a

*negative* or *positive* pregnancy test, no referral is necessary. Providers interested in referring a client for HIV or Hepatitis specialty care may call the Rhode Island Department of Health Division of Communicable Diseases at 222-2577. Providers interested in ordering HIV & Hepatitis printed informational brochures may call Lauren Piluso, of the Division of Family Health, at 222-5919 to order a copy of the Family Planning Program's Materials Order Form.

**Question #17, "At home, do you feel physically or verbally threatened or abused?":** The client should answer **Yes** or **No** in the white section of the form. If the client answers **Yes** and has a *negative* or *positive* pregnancy test, the provider may check off the Domestic Violence Hotline box in the gray section. If the client answers **No** and has a *negative* or *positive* pregnancy test, no referral is necessary. Providers interested in referring a client to the Domestic Violence Hotline may provide the client with the following toll-free number: 1-800-494-8100. Providers interested in ordering the following printed informational brochures may call Lauren Piluso, of the Division of Family Health, at 222-5919 to obtain a copy of the Family Planning Program's Materials Order Form: "*No One Deserves to Be Abused*" (*English & Spanish*), *Sexual Violence* (*English & Spanish*), and "*Is It Love? How to Tell the Difference*" (*English & Spanish*).

**Question #18, "Do you feel depressed or have other mental health problems?":** The client should answer **Yes** or **No** in the white section of the form. If the client answers **Yes** and has a *positive* pregnancy test, the provider may check off the Mental Health Provider box in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, the provider may check off the Mental Health Provider or the No Referral Available box in the gray section. If the client answers **No** and has a *negative* or *positive* pregnancy test, no referral is necessary. Providers may call the Family Health Information Line at 1-800-942-7434 to identify available community mental health services and programs. Providers interested in ordering the following printed informational brochures may call Lauren Piluso, of the Division of Family Health, at 222-5919 to obtain a copy of the Family Planning Program's Materials Order Form: *About Depression* (*English & Spanish*) and *Depression: Help for Young People* (*English & Spanish*).

**Question #19, "Did you ever have a serious complication with a previous pregnancy or birth?":** The client should answer **Yes** or **No** in the white section of the form. If the client answers **Yes** and has a *positive* pregnancy test, the provider may check off the Early Prenatal Care box in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, the provider may check off the Preconception Counseling or the No Referral Available boxes in the gray section. If the client answers **No** and has a *negative* or *positive* pregnancy test, no referral is necessary.

**Question #20, "Did you ever deliver a premature baby, a sick baby or have a baby die?":** The client should answer **Yes** or **No** in the white section of the form. If the client answers **Yes** and has a *positive* pregnancy test, the provider may check off the Early Prenatal Care box in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, the provider may check off the Preconception Counseling or the No Referral Available boxes in the gray section. If the client answers **No** and has a *negative* or *positive* pregnancy test, no referral is necessary.

**Question #21, “Has anyone in your family or your partner’s family had any birth defects, mental retardation, or developmental delay?”:** The client should answer **Yes** or **No** in the white section of the form. If the client answers **Yes** and has a *positive* pregnancy test, the provider may check off the Genetics Counseling box in the gray section. If the client answers **Yes** and has a *negative* pregnancy test, the provider may check off the Genetics Counseling or the No Referral Available boxes in the gray section. If the client says **No** and has a *negative* or *positive* pregnancy test, no referral is necessary. Providers interested in obtaining more information about community genetic testing and counseling resources may call the Family Health Information Line at 1-800-942-7434. Providers interested in ordering printed informational brochure titled *Genetic Counseling and Testing-Is It Right For Me?* in English for clients may call Lauren Piluso of the Division of Family Health at 222-5919.

The signature of the clients’ name at the bottom of the form is voluntary. An agency may want to ask a client if they would like to sign the form if an agency is using the “Care Questionnaire” form to refer a client to a community agency. For example, a provider may want to fax the “Care Questionnaire” form to a community agency as the referral instead of completing another referral form to the community agency. If the patient does not want to sign the “Care Questionnaire” Form, and a referral to a community agency is indicated, then the provider may ask the patient if she would want the referral and the provider would document the acceptance or denial of the referral. The provider should also document other referral information like the name of the community agency to which the client was referred, date and time of the appointment, etc.