



Together, building a stronger system of care.

Pregnancy Referrals Toolkit

Revised May 2022

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Introduction

Welcome to Provide's Pregnancy Referrals Toolkit! We have compiled these templates and tools with healthcare and social service professionals in mind. We partner with providers to integrate abortion referrals practices through five of the most critical systems of care for people of reproductive age:



[Domestic & Sexual
Violence](#)



[Addiction
Treatment](#)



[HIV Care](#)



[Primary Care](#)



[Family Planning](#)

This toolkit is for nurses working in primary care clinics or medically assisted treatment centers. It is for advocates and case managers at domestic violence and sexual assault services organizations. These resources are for the addiction counselors, therapists, clinicians, and social workers providing services and referrals on the frontlines in our communities. We created this toolkit with you in mind.

[Provide](#) is a nonprofit that works in partnership with health and social service providers to build a healthcare system that, in a climate of diminishing access, is equipped to respond to needs related to unintended pregnancy and abortion. We envision a healthcare system that cares for the whole person with dignity and respect, and where workers have the tools and support to offer the best care to their clients. Since 1992 Provide has been Engaging healthcare and social service providers empowering them with information and skills around abortion.

We provide [free training](#) and [technical assistance](#). If your organization would like to discuss strategies for implementing the resources provided in this toolkit, please reach out to us at info@providecare.org.

Our Values



Together,
*building a stronger
system of care.*

Overview



The templates and tools within this toolkit are designed to equip your organization to make client-centered, nonjudgmental referrals for unintended pregnancy, including referrals for abortion care. Examples of what you'll find inside:

- Ideas for how to review and track your current referral practices to ensure that pregnant clients/patients are getting appropriate referrals
- Sample policies and protocol for referral making to provide clarity and guidance to staff
- Sample scripts and checklists to support staff who are having direct conversations with clients/patients where pregnancy options might come up
- Sample questions that can be added to client/patient feedback surveys that will help you determine if people are getting the pregnancy referrals they need/want
- Sample questions that can be added to intake forms that can proactively open the door for conversations about pregnancy options and abortion care.



Photo Credit: Zackary Drucker for [The Gender Spectrum Collection](#)

Policies & Protocols that Support Referrals

“Clarity is kindness.” Clear and consistent Policies and Protocols set expectations and standards and streamline critical work. **Well-developed policies and protocols that support pregnancy referrals can provide the following benefits to your workplace:**

- ✓ Transparent expectations for employees
- ✓ Straightforward guidance about what constitutes a quality referral for abortion, adoption, or prenatal care
- ✓ Expectations about when to seek supervision
- ✓ Guidance for building and maintaining an up-to-date referral list
- ✓ Concrete suggestions for combatting stigma in the workplace
- ✓ Standards for employee training
- ✓ Expectations that all clients/patients are receiving the same standard of care

This section includes:

- A sample policy and protocol for pregnancy-related counseling and referrals
- A 5-step guide for ensuring that your agency provides quality referrals for unintended pregnancy
- A guide on how to develop and implement policies for making pregnancy referrals
- Templates for conducting reviews of your agency’s referrals by number and employee

Steps for Developing and Implementing a Policy on Referrals

Policy creation and development can be a difficult task, but one we all know ensures a safe, organized, and empowering workplace. A two-fold benefit protecting your staff and protecting the folks you serve. We believe policies are where organizations create lasting systemic change. We've created a roadmap for developing and implementing a policy on referrals, removing the guesswork and setting you up for success.

Identifying Need for a Policy on Making Referrals for Unintended Pregnancy and Abortion

- To create consistent standards and rules around making referrals for unintended pregnancy, particularly abortion referrals.
- To reduce confusion among employees regarding how to handle abortion referrals.

Determining Policy Content

- Highlight why the organization is issuing the policy and the desired effects/outcomes.
- Include details about the behavioral standards that the policy is creating.
- Indicate which parties are responsible for carrying out policy statements (clinicians, case managers, social workers, etc.).
- Include a date for when the policy is considered in force.

Obtaining Support from Managers/Supervisors

- Once the policy has been drafted, it will be important to communicate with managers/supervisors who will be expected to apply the policy.
 - This communication should include why the policy is needed, address the impact the policy will have on the manager/supervisor's area, and address any potential thoughts or concerns they may have.

Communicating with Employees About the Policy

- Provide as much background information as possible as to why the policy is being implemented.
- Determine the best way to distribute the policy (email, staff meetings, individually)
- If distributing via email, use language in the subject line that will minimize the potential for the policy to be overlooked. Consider attaching a read receipt.
- Give employees an opportunity to ask questions.
- Provide a space for the employee to sign and date the policy.
- Notify employees where they can access the policy later (handbook, shared digital drive, etc.).
- Include the policy in orientation programs for new employees and review the policy with staff once per year to make sure it isn't forgotten.

Updating and Revising the Policy

- Policies should be reviewed on a regular basis (we recommend annually).

Sample Policy and Protocol for Pregnancy-Related Counseling and/or Referrals

Having a good policy is in some ways like having insurance, which you don't want to lapse. When policies are not used or followed, services can lack consistency – and let's be honest – the effects of inconsistencies can be detrimental to the folks we serve. This section can be used as your starting point for pregnancy-related policies and protocol, and we encourage you to make it your own.

1. **PURPOSE:** This protocol explains responsibilities in responding to clients who are (in-person or by phone) seeking information, counseling, and/or referrals related to pregnancy. The purpose is to maintain consistent standards and rules around making referrals for unintended pregnancy, and to reduce confusion among employees regarding how to handle abortion referrals.
2. **SCOPE:** This policy applies to all staff who interact directly with clients, including but not limited to: social workers, case managers, counselors, nurses and front desk staff.
3. **FORMS:** Staff shall use established forms to support compliance with this protocol:
 - **Phone Requests** for a pregnancy-related referral
 - Use Phone Script/ Phone Referral Guidelines located [INSERT LOCATION]
 - **In-clinic Consultations** (social workers, educators, nurses)
 - Use Checklist for Making Pregnancy-Related Referrals located [INSERT LOCATION]
 - Use Pregnancy Options Counseling Script located [INSERT LOCATION]
 - **Referral List** (where to refer)
 - Use the Organizationally Approved List of providers located [INSERT LOCATION]
 - When making referrals for abortion, use the website www.providereferrals.org.
 - **Note:** Be sure the form you are using is filled out entirely, including your own name.
 - **Supply** in-clinic clients with additional information as necessary, such as the Prenatal Information Sheet and/or Abortion Information Sheet.
4. **MAINTAINING RESPECT AND NEUTRALITY:** All staff shall demonstrate a neutral, nondirective, and respectful manner when serving clients who request a pregnancy-related referral, without judgment of a client's intent regarding their pregnancy. Clients should not be discriminated against based on their religion, race, color, national origin, disability, age, sexual orientation or gender identity, number of pregnancies, marital status, and other accompanying conditions such as HIV or substance use issues.
5. **CLIENT-CENTERED REFERRALS:** Staff shall provide referrals that respond to the client's request (see table and additional notes on back of page). Staff shall not provide information or referrals for services that the client does not want.
6. **MANAGEMENT OF COMPLEX AND CHALLENGING CASES:** Acknowledge the client's requests and needs. Confer with supervisor, immediately if needed. Document and implement needed follow-up.
7. **DOCUMENTATION/RECORDS:** On completing referral, staff shall routinely file, (manually or electronically), as indicated by their supervisor and in accordance with clinic/agency policies related to client confidentiality.

Policy Receipt Acknowledgement for Pregnancy-Related Counseling and Referrals

A crucial part of policy implementation and updates is communicating changes to staff and giving the opportunity to ask questions. Below is a sample form that you could add to their personnel file as a record that they have received and reviewed your referral policy and protocol.

In effect: XX/XX/XXXX until further notice

I have read and been informed about the content, requirements, and expectations of the pregnancy-counseling and referrals policy for employees at _____. I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my employment and my continuing employment at _____.

I understand that if I have questions, at any time, regarding the pregnancy-counseling and referrals policy, I will consult with my immediate supervisor or my Human Resources staff members.

Please read the pregnancy-counseling and referrals policy carefully to ensure that you understand the policy before signing this document.

Employee Signature: _____

Employee Printed Name: _____

Date: _____

Sample Matrix for Counseling and Referring Pregnant Clients

In our [referrals for unintended pregnancy training](#) we discuss three options for pregnant people to consider (continuing a pregnancy to parent, planning an adoption, or ending the pregnancy/abortion) and guidance on verbiage and phrases that are affirming and clear. This matrix outlines these three options and action steps staff should take in order to sustain a quality referral.

Client states that they <u>choose to continue</u> their pregnancy.	
Phone staff, clinicians, social workers, educators, counselors will:	Clinicians, social workers, educators, and counselors who see clients in-person will <i>additionally</i> :
<ul style="list-style-type: none">• Offer prenatal care referrals that reflect client's intent, as well as their healthcare provider type preference.• Ask client if they want referral for prenatal issues (such as nutrition; early screening for fetal genetic anomalies; and/or parenting decisions including infant care, adoption, or foster care).	<ul style="list-style-type: none">• Screen for whether client wants information about, or opportunities to discuss, other issues related to prenatal wellbeing, including:<ul style="list-style-type: none">- nutrition;- substance use treatment;- HIV and STI testing and treatment;- mediation (relationship with partner, intimate partner violence, etc.)- access to services (e.g., insurance, language, transport)- timeframe to screen for fetal anomalies;- parenting decisions (infant care, adoption, fostering).• Offer available referrals that reflect the client's preferences and stated needs.
Client states that they <u>choose not to continue</u> their pregnancy.	
Phone staff, clinicians, social workers, educators, counselors will:	Clinicians, social workers, educators, and counselors who see clients in-person will <i>additionally</i> :
<ul style="list-style-type: none">• Provide referrals for abortion from the abortion provider list on file.• <u>Do Not</u> refer to places (such as crisis pregnancy centers) that may advocate for or pressure a person to choose one option over another.	<ul style="list-style-type: none">• Screen for client's desire for information about:<ul style="list-style-type: none">- medication vs. aspiration abortion (including timing issues);- cost and financial aid options;- access to services (e.g., language, transportation);- parental consent or notification requirements and judicial bypass options (for clients <18 years);- contraception.• Offer referrals to abortion providers that respond to any additional needs they have identified. If possible, provide referrals in a written form.• All abortion referrals should include the following information:<ul style="list-style-type: none">- Name, address, and telephone number of abortion care provider- Other relevant factual information about the abortion care provider (such as fees, languages spoken, etc.) This will have to be updated by the organization yearly if not using the tool below:• Use www.providereferrals.org to find nearest clinics.

Client states that they are undecided and wants support in their decision-making.

Phone staff, clinicians, social workers, educators, counselors will:

- Refer for further counseling in our clinic/agency.
- Refer only to providers, who approach clients with full respect for any decision they make.
- Do Not refer to places (such as 'pregnancy crisis centers') that may advocate for or pressure a person to choose one option over another

Clinicians, social workers, educators, and counselors who see clients in-person will *additionally*:

- If trained: Provide counseling and support for client to reach their decision, using a Checklist for Pregnancy Related Referrals (samples included in this toolkit).
- If not trained, refer to a site that offers unbiased pregnancy counseling.

Conducting a Review of Your Pregnancy Referral Services

Let's jump in with a widely used tool: charts! This may work best for primary care workers, as well as our social service folks. Once you have a clear referral policy and protocol in place, a review will help to ensure staff are following the policy.

Chart/record reviews are standard in most organizations and recommended by the [American Academy of Family Physicians](#) and other national institutions as a way to monitor what services have been delivered and what can be done better in a particular clinic or organization. Chart/record reviews can also help understand the flow of pregnancy counseling and referral services.

Before You Begin:


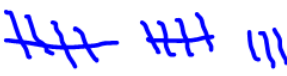

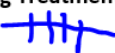
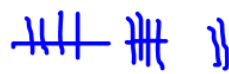

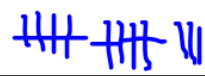

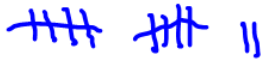




- It is recommended that programs conduct a review of pregnancy counseling/referrals on the most recent twelve-month period.
- Ideally, the review should be done by individuals who are not employees of the organization (such as a board/committee member or other trusted independent reviewer) to prevent bias.
- Staff must have routinely and fully documented the services they provided using a dedicated paper form or electronic records.
- To make sure the review is as useful as possible for your organization, familiarize yourself with the tools in advance and modify the forms as needed before using them. You may want to include some additional services or referral options to tally.
- It is important to maintain client privacy. One option is to work with photocopies or prints of records and to black out identifying information (name, contact information) before starting.

Conducting the Review

1. Gather and tally data from charts: For each record, determine which category on the Review of Pregnancy Referral Services page (Form I) best describes the client's expressed needs: Continuing the Pregnancy; Terminating the Pregnancy; or Undecided. Note the age and LMP (last menstrual period) of the client (this is mostly for clinical settings), and make a tally mark for each handout, verbal counseling, or referral the client received in the provided tally sheets. Then calculate averages and totals for the "Summary" section at the bottom of the page.
2. Optional: Assess staff referral patterns: A supervisor may review the same pile of charts/records using the Referral Making Patterns page (Form II) to identify referrals made by individual staff members. This is helpful in identifying any potential patterns of bias among counselors or providers.
3. Evaluate findings: Review program performance and compare to established expectations. Identify and discuss areas where performance is strong and where it seems to fall short, and analyze possible reasons. For example, some clients may decline a referral because they already have their own provider. Also, consider what lessons the data yield about the nature of clients' needs. For example, what percent of cases were complicated, involving referral for social services, for second trimester abortion or for referral related to an urgent medical condition?
4. Summarize findings in a written info note with recommendations for discussion, and follow up with a discussion with staff members.

Sample Tally Sheet (can be adapted for the setting)

II. TALLY SHEET: CONTINUING THE PREGNANCY

Clients who said they wanted to continue their pregnancy on the intake form 	Referrals Given to Prenatal Care: 
Client Age: 23, 26, 27, 35, 18, 28, 29, 31, 24, 25, 25, 33, 17	Social Services Referrals
Client LMP (in weeks) : 8, 10, 11, 13, 7, 11, 12, 14, 6, 12, 14, 8, 10	Medicaid 
LMP not Recorded: <i>no records!</i>	Drug Treatment 
Given prenatal info sheet: 	Infant Care 
Given Verbal Counseling on:	
Early Fetal Screening 	Foster Care 
Nutrition 	Adoption 
Medication/Substances: 	Other
Infant Care 	Notes: <i>Multiple clients were referred to drug treatment, several clients had questions around mental health</i>
Foster Care 	
Adoption/Given Adoption Info Sheet	

I. Review of Pregnancy Referral Services (can be adapted for the setting)

Dates of Review: _____ Total # All Charts Reviewed: _____

Continuing the Pregnancy		Terminating the Pregnancy		Undecided	
Client Ages (List here):		Client Ages (List here):		Client Ages (List here):	
Client LMPs (List here):		Client LMPs (List here):		Client LMPs (List here):	
Handouts Given		Handouts Given		Handouts Given	
	Prenatal Info		Prenatal Info		Prenatal Info
	Abortion Info		Abortion Info		Abortion Info
	Adoption Info		Adoption Info		Adoption Info
Verbal Counseling		Verbal Counseling		Verbal Counseling	
	Early Fetal Screening		General abortion info		Timing issues
	Relationships/violence		Relationships/violence		Relationships/violence
	Nutrition		Timing/Issues		Abortion
	Medication/Substances		Funding/Costs		Continuing Pregnancy
	Infant Care		Contraception		Foster Care/Adoption
	Foster Care		Parental Involvement		
			Judicial Bypass		
	Other:		Other:		Other:
Referrals		Referrals		Referrals	
	Prenatal Care		Abortion		Abortion
	Medicaid		Judicial Bypass		Prenatal Care
	Drug Treatment		Social Services		Foster Care
	Infant Care		Crisis Pregnancy Center		Adoption Agency
	Foster Care		Backline		Backline
	Adoption				Crisis Pregnancy Center
	Other:		Other:		Other:
Summary		Summary		Summary	
	Total # Charts		Total # Charts		Total # Charts
	% of All Charts		% of All Charts		% of All Charts
	Average age		Average age		Average age
	Average LMP		Average LMP		Average LMP
	Under the Age of 18		Under the Age of 18		Under the Age of 18

II. Tally Sheet: *Continuing the Pregnancy* (can be adapted for the setting)

Clients who said they wanted to continue their pregnancy on the intake form	Referrals Given to Prenatal Care:
Client Age	Social Services Referrals
Client LMP (in weeks):	Medicaid
LMP not Recorded:	Substance Use Treatment
Given prenatal info sheet: Other info sheets given:	Infant Care
Given Verbal Counseling on:	Foster Care
Early Fetal Screening	
Nutrition	Adoption
Medication/Substances:	Other
Infant Care	Notes:
Foster Care	
Adoption/Given Adoption Info Sheet	
Other	

III. Tally Sheet: *Terminating the Pregnancy* (can be adapted for the setting)

Clients who said they wanted to terminate their pregnancy on the intake form	Referrals Given to Abortion Care:
Client Age	Other Referrals
Client Age Under 18	Social Services:
Client LMP (in weeks):	
LMP not Recorded:	Judicial Bypass:
Given abortion info sheet	Backline
Given Verbal Counseling on:	
General Abortion info	Pregnancy Crisis Centers:
Timing/Issues	Other
Costs/Funding	Notes:
Contraception	
If Under 18 Counseled on:	
Parental Involvement law	
Judicial Bypass	

IV. Tally Sheet: *Undecided* (can be adapted for the setting)

Clients who said they were undecided about their pregnancy on their intake form:	Referrals Given to Abortion Care:
Client Age	Referrals
Client Age Under 18	Abortion:
Client LMP (in weeks):	
LMP not Recorded:	Prenatal Care:
Given <input type="checkbox"/> Prenatal info sheet <input type="checkbox"/> Abortion Info Sheet <input type="checkbox"/> Adoption Info Sheet	Adoption Agency:
	Foster Care:
Given Verbal Counseling on:	Backline
Relationship issues/violence	
Timing issues (abortion, early fetal screening)	Crisis Pregnancy Center
Other:	Other:
Options Counseling covered:	Notes:
<input type="checkbox"/> Terminating pregnancy <input type="checkbox"/> Continuing/Raising Child: <input type="checkbox"/> Continuing/Adoption:	

V. Referral-Making Patterns, By Staff Member (Optional)

(to review for atypical referral patterns, indicating possible bias; to be completed by a supervisor only and used in supervision as necessary)

[illegible]



Photo: Licensed Adobe Stock.

Pregnancy Options Counseling Scripts and Guides

Why are these tools important?

Scripts and guides are tools we use to connect folks to the action of making a referral. Creating a space for staff to own the way they will show up during an interaction in practice. We offer guidance on language, and examples of what to say to avoid harming clients with stigmatized or biased language.

Equipping your staff with scripts and guides for pregnancy options counseling and referral-making practices can provide the following benefits to your workplace:

- ✓ More confident staff
- ✓ Clear expectations regarding how staff should interact with clients/patients
- ✓ Support for staff who feel ambivalent about abortion

This section includes:

- A checklist on providing referrals for prenatal care, abortion, and adoption
- A 4-step pregnancy options counseling script for face-to-face interactions with clients/patients
- A pregnancy options counseling script for over-the-phone interactions with clients/patients

Be Prepared to A.C.T. to Support Pregnant Your Clients/Patients

Below is a sample checklist staff can use as a guide while having a pregnancy referral conversation. It is not a script but a tool that helps staff be as thorough and helpful as possible. Each pregnancy outcome has important bullet points with suggestions of actions steps. This list is not comprehensive and can be adapted to fit the setting.

A doption*	C ontinuing Pregnancy to Parent*	T ermination*
<ul style="list-style-type: none"> <input type="checkbox"/> Affirm the client for making a choice that they feel is best for them at this time. <input type="checkbox"/> Use client-centered, affirming language (i.e., “planning an adoption” NOT “giving up your baby for adoption” and “birth/first mother/parent” and “adoptive mother/parent” NOT “real mother/parent”). <input type="checkbox"/> Discuss types of adoption (open, closed, familial, etc.). <input type="checkbox"/> Based upon client’s wishes, explore community resources (which agencies fit your client’s needs*). <input type="checkbox"/> Connect client with legal help for reviewing documents and contracts (Legal Aid, Bar Association Pro Bono list). <input type="checkbox"/> Invite client to follow up as needed for support and resources; Request permission to follow up with them to ensure that they were able to access the services/resources they need. 	<ul style="list-style-type: none"> <input type="checkbox"/> Affirm the client for making a choice that they feel is best for them at this time. <input type="checkbox"/> Discuss birth options (vaginal childbirth or C-section, epidural, hospital or home birth, midwife, etc.). <input type="checkbox"/> Advocate with provider’s office to connect the client with a provider who meets client’s needs. <input type="checkbox"/> Connect the client with financial resources (presumptive eligibility for Medicaid, WIC, SNAP). <input type="checkbox"/> Connect the client with community support (new mothers/parents’ groups, lactation support, trauma and healing support groups). <input type="checkbox"/> Assess for mental health and substance use concerns and connect the client to treatment/supportive services. <input type="checkbox"/> Provide the client with information on postpartum depression and anxiety prevalence and normalize how frequently these feelings occur; invite the client to follow up for support as needed. <input type="checkbox"/> Invite the client to follow-up as needed for support and resources. Request permission to follow up with them to ensure that they were able to access the services/resources they need. 	<ul style="list-style-type: none"> <input type="checkbox"/> Affirm the client for making a choice that they feel is best for them at this time. <input type="checkbox"/> Mirror client language (if client says, “end the pregnancy” vs. “abortion”, or “fetus/pregnancy” instead of “baby”). <input type="checkbox"/> If needed, refer the client for a pregnancy test at a health department or a community health center to determine approximation of weeks. <input type="checkbox"/> If client has questions about the procedure, offer to call an abortion clinic with them. <input type="checkbox"/> Connect the client with financial resources. <input type="checkbox"/> Provide the client with information on abortion prevalence and normalize how frequently abortion occurs. <input type="checkbox"/> Invite the client to follow-up as needed for support and resources. Request permission to follow up with them to ensure that they were able to access the services/resources they need.

*MAKE STAR REFERRALS FOR ALL SUPPORTIVE SERVICES!

- S** SUPPORT the client’s decision; it is the best way to support them.
- T** THOROUGHLY provide client with all of the information and resources that are available to them.
- A** ACTIVELY address barriers to accessing the services they need. Connect them with resources that are available to them.
- R** Follow up on REFERRAL QUALITY to ensure the client was able to access the services they needed and use their experience to improve the services for the next client you serve.



Photo: Courtesy of Nina Robinson/Getty Images/[Images of Empowerment](#). Some rights reserved.

Best Practices for Making Pregnancy Referrals Over the Phone

What should I be aware of when talking to a client/patient about pregnancy options?

- Because clients/patients might worry that they could be judged they may not bring up topics such as abortion on their own. Create space for the client/patient to discuss what they need by naming the services first.
- There are no body language cues to give you an indication of how the conversation is going, so check in with the client/patient to make sure they're getting the information they need/want.

What can help?

- Tell the client/patient you're glad they called.
- Let them know that you support whatever decision they make and that you're happy to connect them to whatever resources they need.
- Let them know that the conversation is confidential.
- Use affirming language.

How can I use this script?

- The script is meant to guide staff in making an accurate referral based on what the client/patient wants.

Sample Script for Providing Pregnancy Referrals Over the Phone

Below is a sample script that can be used when talking with clients/patients over the phone. Don't forget that your front office staff may not be in a role to provide direct services but are still providing information to people over the phone. If you provide training on how to use a script, include them.

GREETING

SAY: Hello, thanks for calling. I'm more than happy to provide you information about pregnancy options.

DESCRIBE OPTIONS

SAY: If it's all right, let me describe the options that are available, and then we can talk more about the option(s) that are of interest to you.

SAY: If you are **pregnant and want to continue the pregnancy**, I can provide you with referrals for prenatal care, parenting resources and/or adoption resources.

SAY: If you are **pregnant and do not want to continue the pregnancy**, I can provide you with referrals for abortion services.

SAY: If you are **not pregnant and do not plan on becoming pregnant**, I can provide you with referral information about contraception, including emergency contraception (Plan B/Ella/etc.).

AFFIRM THEIR DECISIONS

SAY: I am here to support your decision, no matter what you decide to do.

ASK: Which type of referral/information would you like?

___Prenatal Care ___Abortion ___Adoption ___Contraception

PROVIDE REFERRAL

ONLY MAKE REFERRALS for the services that the client/patient has asked for, and only to places that provide those services. If they want an abortion referral do not also give them an adoption referral. If they want a referral for prenatal care, do not give them an abortion referral. If the client/patient wants an abortion, only refer them to a healthcare facility that provides abortions, not a local crisis pregnancy/pregnancy resource center.

PRENATAL CARE – If your agency provides prenatal care, then schedule a visit. If not use your agency approved list of prenatal care providers (i.e. the health department, OBGYN offices, etc.).

ABORTION – Go to the website www.providerefferrals.org and use the client/patient's zip code to locate the closest abortion providers to them.

ADOPTION - If your agency provides adoption services, then schedule a visit. If not use your agency approved list of adoption services (i.e. the state department of health and human services, the [national pro-choice adoption collaborative](#), etc.)

CONTRACEPTION - If your agency provides contraception, then schedule a visit. If not use your agency approved list of contraception providers (i.e. the health department, OBGYN offices, local pharmacies (for emergency contraception), or [use Bedsider's birth control finder](#).

CONFIRM

ASK: Would you like me to repeat any of this information?

ASK: Do you have any other questions I can help you with?

SAY: If you need more referrals, information, or help later on, please feel free to call back.

Sample Script for Providing Pregnancy Referrals in Person

This sample script includes steps in preparing patients for pregnancy results as well as options counseling steps with the end goal being a referral. It may be most useful for organizations and that provide pregnancy testing, although it can be adapted to fit your organization's needs.

Pregnancy Options Counseling Script – 4 Steps to Success			
Step 1	Step 2	Step 3	Step 4
Preparing patient for results	Disclosing results to patient	Discussing options with patient	Make appropriate referrals

Step 1: Preparing patient for results		
➤ What do you think the result will be?	➤ What are you hoping the result will be?	➤ We are here to support you no matter what the results are.

Step 2: Disclosing results to patient	
➤ I have the results of your pregnancy test and it is positive, meaning that you are pregnant. How are you feeling about this information?	

Patient expresses a POSITIVE reaction <u>verbally</u> and/or <u>nonverbally</u>	
VALIDATE & NORMALIZE	<ul style="list-style-type: none">➤ It looks/sounds like you are pleased with this result.➤ Receiving a positive pregnancy test can be a happy occasion for many people.
SEEK UNDERSTANDING	<ul style="list-style-type: none">➤ What is coming up for you?➤ Is parenting something you are interested in?

Patient expresses a NEGATIVE reaction <u>verbally</u> and/or <u>nonverbally</u>	
VALIDATE & NORMALIZE	<ul style="list-style-type: none">➤ It's OK to not be happy about a pregnancy.➤ You're not alone, other people have expressed those same feelings.➤ This is a safe space to talk about all of your options.
SEEK UNDERSTANDING	<ul style="list-style-type: none">➤ What is coming up for you?➤ Do you want information about ending the pregnancy?

Step 1 and Step 2 of the Pregnancy Options Counseling Script – 4 Steps to Success come from the book *Decision Assessment and Counseling in Abortion Care: Philosophy and Practice* by Alissa C. Perrucci.

Patient expresses AMBIVALENCE verbally and/or nonverbally

VALIDATE & NORMALIZE	<ul style="list-style-type: none"> ➤ It's OK to be unsure about what to do. ➤ This is a safe space to talk about all of your options. ➤ I will support you no matter which way you decide to go.
SEEK UNDERSTANDING	<ul style="list-style-type: none"> ➤ What is coming up for you?
REASSURE	<ul style="list-style-type: none"> ➤ You don't have to decide today. ➤ I will support you no matter which way you decide to go.

Step 3: Describing options with patient

Abortion	Continuing the pregnancy to parent	Making an adoption plan
<ul style="list-style-type: none"> ➤ Abortion is safe and simple when performed in proper conditions. ➤ There are two types of abortion options; medication abortion and surgical abortion 	<ul style="list-style-type: none"> ➤ Pregnancy usually lasts about 40 weeks, or just over 9 months, as measured from the last menstrual period to delivery. ➤ The experience of pregnancy is different for everyone. 	<ul style="list-style-type: none"> ➤ There is a spectrum of options within adoption including closed, open, and family-based.

Step 4: Making referrals

A quality referral means not only providing the patient with contact information for the referral but also preparing them to ask questions and gather information.

Only make a referral for the service the patient has requested.

Making an abortion referral	Continuing the pregnancy to parent	Making an adoption referral
<ul style="list-style-type: none"> <input type="checkbox"/> What is the clinic's gestational limit? <input type="checkbox"/> What is the cost of services? <input type="checkbox"/> Does the clinic accept insurance? <input type="checkbox"/> Are there medical exclusions? <input type="checkbox"/> Does the clinic offer contraception (post abortion)? <input type="checkbox"/> Does this clinic provide emotional support throughout the process? 	<ul style="list-style-type: none"> <input type="checkbox"/> What type of insurance/payment does the referral OB/GYN clinic accept? <input type="checkbox"/> Does the referral clinic discuss birth options with the patient? <input type="checkbox"/> Does the patient need a referral for mental health care and/or substance use treatment? <input type="checkbox"/> Does the patient need a referral for community support (new mother's group, lactation support, etc.) <input type="checkbox"/> Does the patient need a referral for WIC/SNAP, etc.? 	<ul style="list-style-type: none"> <input type="checkbox"/> Does the adoption agency support all options for pregnant people including parenting and abortion? <input type="checkbox"/> Does the agency accept diverse families as adoptive parents? <input type="checkbox"/> How much involvement does the birth parent have in choosing an adoptive family? <input type="checkbox"/> Does this agency provide open adoptions? closed? <input type="checkbox"/> Does this agency provide emotional support to the client?



Photo: Licensed Adobe Stock.

Templates and Tools that Support Referrals

Templates and tools are resources that facilitate a starting point or guide for specific work. Staff time is sometimes monopolized with service provision. This is our way of aiding in filling that gap.

Collecting feedback from clients/patients and integrating pregnancy options and referrals into agency forms can provide the following benefits to your workplace:


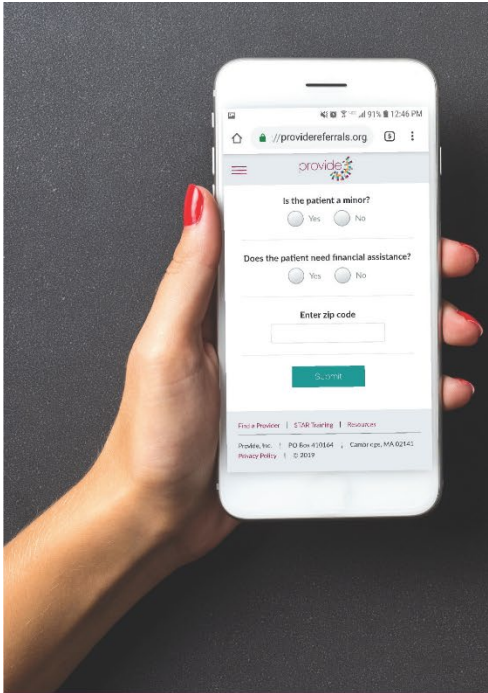
- ✓ Clearer identification of potential gaps in service delivery
- ✓ More satisfied clients/patients
- ✓ Less stigma around reproductive health services, including abortion

This section includes:

- Link to Provide's Abortion Referrals Tool
- Sample client/patient feedback forms
- Sample client/patient Bill of Rights
- Example of how to integrate pregnancy referrals into intake assessments

Provide's Abortion Referrals Tool

No more need to Google for services! Provide works to build a stronger system of care for people experiencing unintended pregnancy. [Our Abortion Referrals Tool](https://www.providerefferrals.org) is developed exclusively to help health and social service providers make referrals for abortion.



REFERRALS TOOL

Abortion care resources at your fingertips enhance your ability to:

- *Meet client and patient needs*
- *Maximize visits*
- *Reduce barriers to care*
- *Offer comprehensive options*

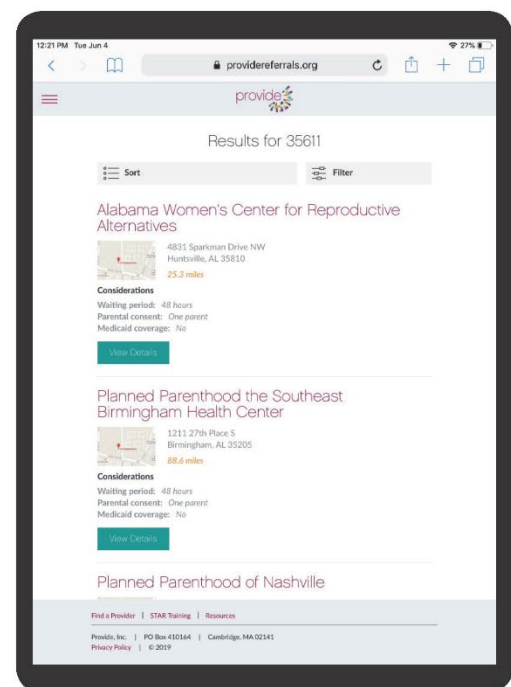
www.ProvideReferrals.org

For quicker access, save this site as a Favorite or bookmark it in your web browser, create a shortcut on your desktop, or add to your Home screen on your mobile device.

Find information about:

- Nearest abortion clinics by zip code*
- Mandatory waiting periods
- Parental consent and notification
- Laws and policies that may impact access to care*
- Financial assistance
- Reproductive terms and definitions
- Our STAR Model of referral making

** Information is updated as clinics open or close and as laws change. Pregnancy resource centers and crisis pregnancy centers are not abortion providers and therefore are not included.*



Assessing Quality of Referral Services Through Client Feedback

Assessing the quality of your referral services could be key to improving them and/or identifying the strengths and weaknesses within your organization's ability to respond to the needs of pregnant clients. Quality of Service assessments are also useful for accreditation, reports, and grant proposals. A simple questionnaire, like the one below, could aide in evaluating the quality of referrals, and could serve to both improve the quality of services provided by your organization and obtaining more resources to deliver these services.

All clients should be encouraged to complete questionnaires at the end of the visit. Staff members can introduce the questionnaire stating that it is something that will help your organization to improve services and to ensure that services provided are up to standard. Some organizations provide incentives to clients to complete surveys – for example, a random drawing for a \$5 gift card/a bag of samples, etc.

To properly analyze the quality of referrals, information on service delivery needs to be collected over a period of time. Depending on your intake procedures, consider evaluating quality of services every 3-6 months, noting weak points (such as, for example, bias experienced by younger clients, or clients requesting abortions) and strengths (such as staff knowledge, etc.).

The questionnaire below can be adopted and questions can be changed, but we recommend keeping the length of the questionnaire rather short (1-1.5 pages max).

Sample Feedback Survey for a Primary Care Setting

Tell Us About Your Visit!

Today's Date _____

This survey is completely anonymous and will not be linked to you as an individual.

1. What best describes the reason for your visit today? (Check just one of the boxes below.)

☐ I wanted a pregnancy test.

I already did a pregnancy test at home.

My pregnancy test was POSITIVE and I wanted...

☐ Counseling because I was unsure of what to do

☐ Referral to a prenatal care provider

☐ Referral to an abortion provider

☐ Other referral _____

My pregnancy test was NEGATIVE and I wanted....

☐ Information on contraception

☐ Information on how to conceive

☐ Other referral _____

2. What is your age?

☐ <15

☐ 19-24

☐ 35-44

☐ 15-18

☐ 25-34

☐ >44

To what extent do you agree with the following?	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I felt that I was treated with respect.				
2. I felt comfortable discussing my reproductive health options/pregnancy options with the staff here.				
3. The staff listened well and understood what I needed.				
4. The staff person I spoke to today was knowledgeable about the things we have discussed or knew where to refer me for more information.				
5. I felt no judgment or bias from the staff.				
6. I received only the information that I was interested in.				
7. I received the referral/the services I needed.				
8. The staff answered all of my questions.				
9. I am satisfied with my visit.				

3. How could have we made your experience better?

☐ Staff should be friendlier.

☐ Staff should be less judgmental.

☐ The environment should be friendlier.

☐ The environment should provide for more privacy.

☐ Everything was great!

☐ Other (Please tell us how we could improve our reproductive health and pregnancy referrals.):

Your feedback is important to us. Thank you!

Sample Feedback Survey for Domestic Violence Shelter Settings

This is an anonymous questionnaire. Please do not put your name on it. We value your feedback, and the answers you provide will be used to improve the services we provide. Thank you in advance for taking the time to answer to the following questions.

I heard about this program through: _____

How long have you been at the shelter?

- ☐ Less than 2 weeks
- ☐ 2 to 4 weeks
- ☐ 1 to 3 months
- ☐ More than 3 months

How would you rate your experience with the crisis line?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Didn't use it

Please check the box that best matches how you feel.

Because of the services I received at the shelter. . .

	Very Much / A Lot	Somewhat	A Little	Not At All
I feel more supported.				
I am more aware of community resources / services I might need.				
I have a plan to help me meet my financial and housing needs.				
I know more about my choices and options.				
I know more ways to plan for my safety.				
I know people I can turn to for help and support.				
I am more hopeful about the future.				
I feel more in control of my life.				
I feel empowered to make decisions about pregnancy and family planning that are right for me.				

Please answer if you had children with you:

	Very Much / A Lot	Somewhat	A Little	Not At All
I learned more about how domestic violence may affect my child(ren).				
My child(ren) have learned who to call and when to get help if necessary.				

I feel that the staff at the shelter were. . .

	Very Much / A Lot	Somewhat	A Little	Not At All
Respectful of my religious and cultural beliefs				
Supportive and affirming of racial and ethnic differences				
Supportive and affirming of diverse sexual orientations and gender expressions				

Please answer if you needed referrals for other services/resources:

	Very Much / A Lot	Somewhat	A Little	Not At All
I was able to get a referral for an outside service without being judged.				
My reproductive and sexual health needs were adequately addressed by staff.				
My mental and emotional health needs were adequately addressed by staff.				
Other physical health needs I had were adequately addressed by staff.				

While in shelter, I received referrals for the following services (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Counseling/Therapy | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Substance Use Treatment | <input type="checkbox"/> Medical Care/Clinician Visits |
| <input type="checkbox"/> Pre-Natal Care | <input type="checkbox"/> Food Assistance (SNAP/WIC/Etc.) |
| <input type="checkbox"/> Contraceptives | <input type="checkbox"/> Job Training |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Education Assistance |
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Other |
| <input type="checkbox"/> Parenting Classes | |

Any additional comments/suggestions/statements?

- ☐ Please check this box if you give us permission to share your comments on PR materials and/or funding reports. **This information will remain anonymous.**

Thank you for taking the time to fill this out — we'll use your comments to continue to improve our services! Please contact us if you need anything.

Sample Intake Form for Clients Requesting Information, Services, and/or a Referral Related to Pregnancy

The sample form below would be most appropriate for organizations providing pregnancy testing services. My naming abortion as a valid option you can immediately communicate to clients that their decisions will be respected by staff, that it is alright to talk about all their options, and that they'll get the information they need to make the best decisions for themselves.

Welcome! We are here to serve you. You have the right to be treated with respect, to make your own decisions about pregnancy and reproductive health, and to have your privacy protected. ***Please fill in the information below so that we can best address your needs. The list of services we provide is on the back of this sheet.***

☐ **I NEED A PREGNANCY TEST.**

☐ **I HAD A POSITIVE PREGNANCY TEST.**

☐ I would like a referral to an abortion provider.

☐ I'd also like information and/or referrals about birth control options/family planning.

☐ I would like referrals for a prenatal care provider.

☐ I'd also like information and/or referrals about:

___infant care ___foster care ___adoption

☐ I'm not yet certain of my choice.

☐ I would like to talk to someone/receive counseling about my options.

___I prefer to answer these questions when I speak with a staff member.

☐ **MY PREGNANCY TEST IS NEGATIVE, I WOULD LIKE INFORMATION and/or REFERRAL FOR:**

☐ Birth control/family planning

☐ Help trying to become pregnant (learning how to predict ovulation; infertility services)

___I prefer to answer this question when I speak with a staff member.

I ALSO HAVE A QUESTION OR CONCERN ABOUT:

___ I prefer to answer this question when I speak with a staff member.

___ Nothing else today.

PLEASE TURN PAGE OVER

To assist you, we provide the following types of information, optional counseling, and referrals:

IF YOU NEED A PREGNANCY TEST, please tell a staff person. We can refer you to an agency or a clinic we work with that can do such a test.

IF YOU ARE **PREGNANT (YOU HAVE HAD A POSITIVE PREGNANCY TEST)**

If you **do** want to continue the pregnancy, we *Provide* referrals for:

- Prenatal services (including confirmation of your pregnancy test result).
- Parenting services: infant care, foster care.
- Adoption services (if needed).

If you **do not** wish to continue this pregnancy, we can *Provide*:

- Abortion referrals, including helping you navigate barriers to accessing care.
- Referrals to birth control and family planning counseling and services (if needed).

If you are **undecided** about which choice is best for you, we provide or can refer you for:

- Unbiased counseling to support you in your decision-making process.

We have handouts with more information on each of the above services. If you don't see them, ask a staff person!

IF YOU ARE **NOT PREGNANT (YOUR PREGNANCY TEST WAS NEGATIVE)**, we can provide you with information about the need for a repeat test (depending on the date of your last menstrual period), as well as referrals:

If you do not want to become pregnant, we can provide you with a referral to:

Birth control and family planning counseling and services.

If you **do** want to become pregnant, we can provide you with referrals for:

Fertility awareness education (to help you identify when in your cycle you're likely to become pregnant).

Infertility counseling and services (if you have been trying for some time to become pregnant, if you are 35 or older, or if this is a serious concern for you).

WE CAN ALSO PROVIDE REFERRALS RELATED TO OTHER CONCERNS YOU MAY HAVE:

- Violence – such as intimate partner violence or family violence
- Rape or pressure to have unwanted sex
- Sexually transmitted infections, including HIV
- Substance use – for example, of drugs, alcohol, or tobacco
- Depression, anger, or other concerns related to mental health
- Sexual or gender identity questions
- Food stamps, Medicaid, or other state benefits
- Many other concerns – please let us know if you have a question or problem we can help with.

Sample Patient Bill of Rights for Agencies that Provide Healthcare Services

PATIENT BILL OF RIGHTS (can be adapted to fit the setting)

Below we have included two sample patient bill of rights that can be adapted for you organization. We recommend displaying these rights in heavily trafficked areas and in multiple languages and including it with any intake and/or educational materials you provide. As you'll notice, we've intentionally included rights related to receiving referrals (including abortion). Naming these things on the front end is an opportunity to show you are working to cultivate a stigma-free environment where clients can talk openly about their situations and/or needs.

PATIENT BILL OF RIGHTS – Example #1

- You have the right to be treated with dignity, worthiness and respect.
- You have the right to not be discriminated against on the basis of race, color, religion, national origin, ability, gender or gender identity, or sexual orientation.
- You have the right to confidentiality of medical/service records as well as information about their health, social, and financial circumstances.
- You have the right to be fully informed of all your rights and responsibilities by the agency.
- You have the right to choose care providers.
- You have the right to participate in the planning of your care and in planning changes to your care, and to be advised that you have the right to do so.
- You have the right to receive information necessary to give informed consent prior to the start of any treatment, procedure or intervention.
- You have the right to be advised of any change in your care plan before the change is made.
- You have the right to receive the referrals that you request;
- You have the right to receive a timely response from the agency to your request for service.
- You have the right to be provided all options related to family planning, including but not limited to: prenatal care, abortion, adoption, contraception, and fertility treatment.
- You have the right to voice grievances and suggest changes in service or staff without fear of discrimination or reprisal.

Sample Patient Bill of Rights for Agencies that Provide Addiction Treatment Services

PATIENT BILL OF RIGHTS – Example #2

- You have the right to be treated for the life-threatening, chronic disease of addiction with honesty, respect, and dignity.
- You have the right to know what to expect from treatment, and the likelihood of success.
- You have the right to be treated by licensed and certified professionals.
- You have the right to evidence-based treatment.
- You have the right to be treated for co-occurring behavioral health conditions simultaneously.
- You have the right to a treatment setting that provides integrated care, which includes sexual and reproductive health information (contraception, prenatal care, abortion, HIV/STI testing) and referrals.
- You have the right to receive referrals for other services that you request.
- You have the right to an individualized, outcomes-driven treatment plan.
- You have the right to remain in treatment as long as necessary.
- You have the right to support, education, and treatment for your family and loved ones.
- You have the right to a treatment setting that is safe and ethical.
- You have the right to a treatment setting that does not discriminate based on age, race, color, religion, national origin, gender or gender identity, sexual orientation, or ability.



Photo: Courtesy of Michael Dantzler for Provide.

Hiring and Training Employees to Make Referrals

Screening staff on their openness to provide referrals for unintended pregnancy (including abortion) and training them to do so can provide the following benefits to your workplace:

- ✓ Staff who are more supportive of client/patient autonomy
- ✓ A workplace culture free of stigma around reproductive healthcare
- ✓ High caliber staff with the skills they need to provide client/patient centered care
- ✓ More robust in-house professional development

This section includes:

- Sample interview questions for prospective employees
- Training opportunities for staff

Sample Interview Questions

The questions that follow are intended as sample questions, and do not constitute a required list. These are examples that hiring departments can use to help them assess candidates' commitment to and experience with supporting clients/patients in making reproductive health decisions that are best for them.

These samples include a range of questions that might be asked of people applying for all kinds of positions, with various levels and types of responsibility. Not every question is appropriate for every position. In addition, there are many different ways to ask questions seeking particular information, so some of the questions may be similar but with slightly different emphases. Review the questions to see how they are designed and see whether you find any that are particularly appropriate for the position you are filling. You may adapt questions to make them more relevant to the functions of the job. We have provided some options for wording [in brackets] that may help in adapting questions for different roles and responsibilities.

COMMITMENT TO CLIENT/PATIENT AUTONOMY QUESTIONS (i.e. mindset, attitudes, philosophy)

1. Describe your understanding of client/patient autonomy and why it is important to this position?
2. What is your definition of client/patient self-determination and how or why do you think it is important?
3. How would you describe your current thinking about sexual and reproductive health, and how has your thinking changed over time?
4. What are some concerns you have about working with clients/patients who have diverse sexual and reproductive health needs?

HYPOTHETICAL SITUATION QUESTIONS

1. Pose a situation/scenario involving a client/patient who just finds out that they're pregnant. Ask the applicant how they would respond in that situation.
2. Pose a situation/scenario involving a client/patient who discloses that they had an abortion in the past. Ask the applicant how they would respond in that situation.
3. Explain what you believe to be an effective strategy for counseling a client/patient with an unintended pregnancy
4. What challenges do you think you will face in working with clients/patients who want information about abortion? Contraceptives? HIV/STI testing?
5. In what ways do you feel it is appropriate to incorporate your personal beliefs about sexual and reproductive health into the work you do with clients/patients? How would you do this?

PERFORMANCE OR EXPERIENCE RELATED QUESTIONS (i.e. past experience or training that can be demonstrated)

1. How has your previous work experience prepared you for working with clients/patients with diverse sexual and reproductive health needs?
2. Please tell us about an instance when you advocated for a client/patient even when what they needed made you feel uncomfortable.
3. In what ways have you demonstrated commitment and understanding to the importance of providing referrals for unintended pregnancy (including abortion) in your previous experiences?
4. Describe your experiences in assessing the quality of referrals for sexual and reproductive health services and their outcomes.
5. What have you done to further your knowledge or understanding about sexual and reproductive health? How have you applied your learning?
6. Describe your experience responding to the sexual and reproductive health needs of clients/patients coming from diverse socio-economic, and/or racial, and/or ethnic backgrounds.
7. Describe your experience with responding to the sexual and reproductive health needs of clients/patients that have diverse gender identities and sexual orientations.

Suggestions for Training Employees

We suggest that any staff that interacts directly with clients and anyone who develops policies that will have an impact on clients/patients receive training on how to provide pregnancy options counseling, how to make abortion referrals, and how to combat stigma in the workplace. Provide offers training on all of these topics and more.

Provide trainings are:

- Led by Provide's experienced national training team
- Interactive, offering opportunities to connect with, and learn from peers
- Offered on different days and times to accommodate diverse work schedules
- Customizable to meet YOUR workplace needs
- Based on best practices and a proven curriculum from 10 years of training over 10,500 providers across 30 states
- Eligible for a variety of continuing education credits



We offer online training nationwide, and on-site training in several southern states. [For virtual training opportunities please visit our website.](#) If you're interested in on-site training, please contact us at info@providecare.org.



You are pregnant. Now what?

Knowing your options can help you decide.



Image: Provide's Pregnancy Options Poster in English.

Visual Aids that Support Pregnancy Referrals

Displaying visual materials that are supportive of pregnancy options (including abortion) can provide the following benefits to your workplace:

- ✓ A more supportive environment for clients/patients
- ✓ A more open agency culture with respect to client/patient choice
- ✓ A streamlined way for staff to share referral information for clients

Below you will find links to downloadable:

- Pregnancy options posters in [English](#) and [Spanish](#)
- Pregnancy options tri-fold brochures in [English](#) and [Spanish](#)

We highly recommend the visual resources developed by the [Reproductive Health Access Project](#) which you can get in PDF versions for free, or order directly from them. They provide posters and brochures about abortion, contraception, and miscarriage.



In Closing

Our work is rooted in providing resources for healthcare and social service providers and the clients and patients they serve. This Pregnancy Referrals Toolkit is our way of supporting and honoring the work you do for your communities. Translating our Abortion Referrals Training and putting it into a collection of adaptable resources supports systemic change. Toolkits for frontline staff enable learning and identifying an approach to addressing gaps in service provision. Our hope is that you use our toolkit for the advancement of good policies and even better work. Your communities and clients need your constant support and action. Having policies and protocols in place will serve them safely. Take these tools and make them your own.



Together, building a stronger system of care.

Not a part of our social community? Join now to stay informed:

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[Twitter](#) @provide_access

[Instagram](#) @provide_access

[LinkedIn](#) @provide-inc

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