

Title	Patient Pregnancy	Policy #	02-002
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POLICY

Efforts will be made by all radiologic technologists and/or nurses to ascertain if female patients are pregnant or possibly pregnant.

1. For female patients ≥ 12 years of age and females <12 years of age who have had menarche
2. Follow attached algorithm entitled "Appendix C: Pregnancy Screening Algorithm (Hospital Policy CHPC:AD:20)."

PURPOSE

To identify pregnant or possibly pregnant female patients prior to exposure to ionizing radiation.

PROCEDURE

1. For x-rays of body parts other than the abdomen, pelvis, and hips, technologists can proceed with imaging, shield the patient appropriately, and document shielding in RadNet.
2. For female patients requiring x-rays of the abdomen, pelvis, and/or hips or CT scans of body parts other than the head or neck or for any administration of radioactive pharmaceuticals - follow attached algorithm entitled "Appendix C: Pregnancy Screening Algorithm (Hospital Policy CHPC:AD:20)."
3. For fluoroscopy procedures, if there is the possibility of pregnancy or the patient does not know her pregnancy status: follow attached algorithm entitled "Appendix C: Pregnancy Screening Algorithm (Hospital Policy CHPC:AD:20)."
4. For nuclear medicine procedures SNM guidelines (The SNM Procedure Guideline for General Imaging 6.0, VI.B) are followed. For PET/CT and thyroid therapy patients need pregnancy test.
5. For MRI procedures refer to the MRI Safety policy, #05-004.

Approved by:

Dorothy I Bulas, MD
Division Chief, Diagnostic Imaging and Radiology

6/30/2021
Date

Laurie Hogan, MBA, CRA
Director, Diagnostic Imaging and Radiology

6/30/2021
Date

Catalina Kovats, MS
Radiation Safety Officer, Diagnostic Imaging &
Radiology

6/30/2021
Date

Dates of review

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Pregnancy Testing Frequently Asked Questions



Routine screening of female patients before a procedure or treatment

❖ Who will be tested?

Females who have begun their menses or at least 12 years and older are required to provide a urine sample for pregnancy screening before receiving anesthesia, certain radiology procedures or high risk medications/immunizations. These treatments may cause birth defects or injury to an unborn baby.

❖ Is testing necessary?

Yes. Pregnancy testing is done to prevent harm to a developing pregnancy. If the patient is pregnant, it may not be safe to continue with the planned procedure.

❖ When will the test be done?

The test will be done the day of the procedure unless the patient has already been tested by an outside lab within the past 7 days. A negative test is valid for the duration of the same hospital admission.

❖ How is the test done?

The patient will be asked to provide a urine sample for testing. If she is unable to provide a urine sample, a blood sample can be used.

❖ Who will get the test results?

The patient will be notified if the test is positive. By law, she must give her permission in order for the hospital to share the test results with a parent or guardian. A social worker will be available to provide information and support.

❖ What happens if the test is positive?

If the test is positive, we will confirm the result with a blood pregnancy test, if needed. Our provider will discuss with you the possible risk of harm to your pregnancy from the procedure or treatment. Together, we will decide on whether to continue with the procedure or treatment.

❖ What if I don't want (her) to be tested?

Please discuss your concerns with your (child's) provider first. They can discuss your options with you, including your right to refuse the test and the impacts on care if you do so.

❖ Who pays for the cost of testing?

This test will be billed in the same way that any other lab charges for you/your daughter's procedure will be billed.

❖ Who should I contact with questions?

Please talk to your (child's) provider if you have any questions or concerns about pregnancy testing.

Appendix B: Pregnancy Screening Information Sheet

Pregnancy Screening Information Sheet



Some medical treatments or procedures given to a pregnant woman may cause harm to her unborn baby.

Children’s National Medical Center tests all young women who have started menstruating or 12 years and older to see if they are pregnant before certain procedures or treatments. Testing is done with privacy and care. If you do not want (your child) to be tested, we will ask you to sign a form.

Treatments or procedures that need a pregnancy test:

- All surgeries or procedures under sedation or general anesthesia
- CT, MRI, or radiograph
- Certain medications and immunizations

Please talk to your provider if you have questions or want to know more about the screening. Thank you for your understanding.

What are the risks if the fetus is exposed?

See Provider^

Exposed to :	Chance of Birth Defects	Chance of Miscarriage	Chance of Ectopic Pregnancy	Chance of Stillbirth	Fetal growth retardation	Cancer (leukemia)	Mental retardation (lower IQ)
*Anesthesia with surgery (See provider)	3.5 – 5%	8.9 – 0.6%	1.5 – 1.6%	.4%	^	^	^
Immunizations	(See provider^)	^	^	^	^	^	^
**High Risk Medications (See provider)	14% to 19% (1 st trimester)	^	^	^	^	^	^
***Radiation (See provider)	Risk is increased with dose	^	^	^	^	^	*** Risk is increased with dose

*Retrieved from G.M. Woerlee. “Anesthesia during Pregnancy”

<http://www.anesthesiaweb.org/pregnancy.php>

**The timing of chemotherapy exposure (first trimester versus second and third trimesters) as well as the chemotherapeutic agents used affect the risk of spontaneous abortion and miscarriage as well as that of congenital abnormalities. A multidisciplinary approach may make it possible to provide the pregnant cancer patient appropriate cancer care while maintaining a successful pregnancy through labor and delivery. Retrieved from: Karin Gwyn. “Children exposed to Chemotherapy in Utero”.

<http://intl-jncimonographs.oxfordjournals.org/content/2005/34/69.full>

***Not all exposures to radiation result in these outcomes. At the level of most diagnostic procedures (Xray, CT scans, etc.), little data in humans is available.

First Trimester -- The rate of fetal growth is very rapid and the fetus is at its most radiation-sensitive stage

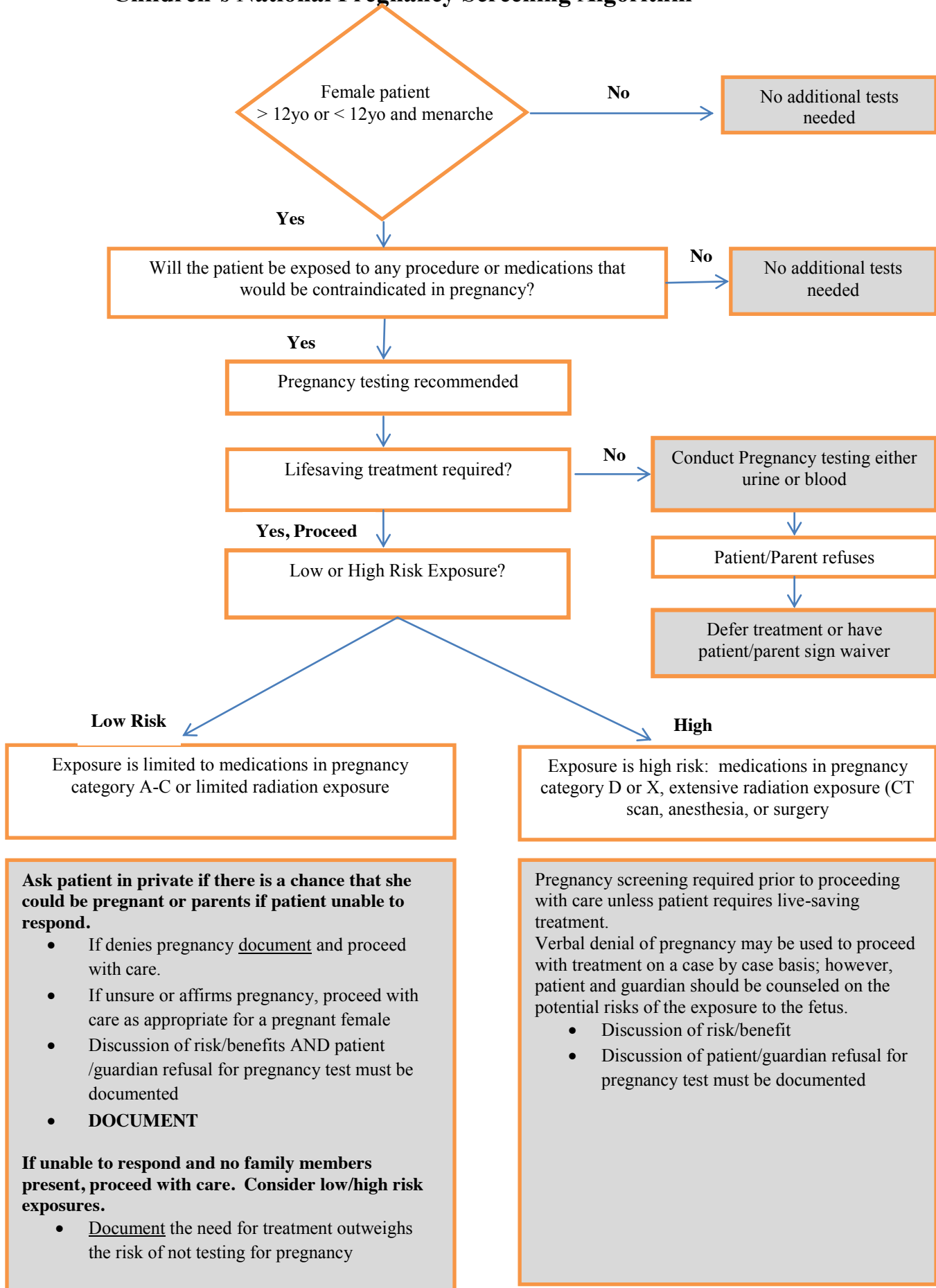
Second Trimester --The incidence of gross congenital malformations and mental retardation are dose-related and effects increases with increasing dose

Retrieved from: Duke University. “Fetal Radiation Dose Estimates”.

<http://www.safety.duke.edu/RadSafety/fdose/fdrisk.asp>



Children's National Pregnancy Screening Algorithm



Appendix D - Refusal of Pregnancy Testing Form



Place Patient Label Here

Refusal of Pregnancy Testing

I, _____ DO NOT consent to the performance of a routine
Print Name (Patient/Parent/Legal Guardian)

pregnancy test upon _____
Print Name (Patient)

- I have been provided with the information regarding the possible as well as unknown effects of anesthesia, radiology, and certain medications to an unborn fetus.
- I accept full responsibility for those risks.

Signature

Date

Time

Relationship to Patient

Telephone

Witness

Date

Time

Name of Witness

LIP Signature

Date

Time

LIP Name