Clinical Standard Operating Procedure (SOP)

CHECKING PREGNANCY STATUS

SETTING Radiology Department including Cath Labs, All Sites

FOR STAFF Radiologists
Radiographers
Assistant Practitioners

PATIENTS All patients between the ages of 12 and 55, inclusive, who are about to undergo a medical exposure to ionising radiation

COMPLIANCE This document satisfies the requirements of Schedule 2(c) of the IR(ME)R regulations. It forms part of the Employer's Procedures for IR(ME)R

PURPOSE

UHBW has a framework in place to protect individuals from the harmful effects of ionising radiation. This includes protection of the radiosensitive foetus. An important step is to establish whether an individual who is about to undergo a medical exposure is or might be pregnant.

This document describes the procedure to be followed to establish whether individuals of childbearing potential may be pregnant. It must be used with **Form – Pregnancy Status Check for the diagnostic and therapeutic use of radiation**

SCOPE

Individuals of childbearing potential are assumed to be those between 12 and 55, inclusive. An operator undertaking an examination where the primary beam might irradiate the pelvis, on a patient within this age range, must check the patient's pregnancy status and follow this SOP; this also includes examinations involving the administration of radiopharmaceuticals.

RESPONSIBILITIES

The operator making the exposure is responsible for ensuring the correct procedure is followed and that the exposure has been appropriately justified and authorised before proceeding with the examination.

The task may be delegated but responsibility remains with the operator making the exposure.

Standard Operating Procedure

For examinations between the diaphragm and knees, the operator will:

1. Check the referral for information on the pregnancy status of the patient.
2. Complete the form – **Pregnancy Status Check for the diagnostic and therapeutic use of radiation** with the patient.

a) If it is clear from the referral and the patient response that the patient is definitely **not** pregnant, continue with the examination as normal.

b) If it is clear from the referral or the patient response that the patient **is** pregnant
   - Check that the exposure has been justified and authorised by the practitioner, in this case a consultant radiologist /cardiologist.

i. If the exposure has not yet been authorised, consult the practitioner, in this case a consultant radiologist / cardiologist.

- The examination must only be carried out if a discussion between a consultant radiologist/cardiologist (IRMER practitioner) and the referrer has taken place.
- If necessary, seek guidance from an MPE on optimisation.

c) If pregnancy cannot be excluded, ask the patient

i. The date of their last menstrual period
ii. If their menstrual period is overdue
iii. If they are using any form of contraception

- Low Dose Procedures (see list below)

  If period not overdue, continue with procedure.

  If period is overdue, refer to referrer for consideration of postponement, or consider pregnancy test (these are deemed accurate from 24hrs overdue).

  The decision to proceed must be made by an IRMER practitioner.

- High Dose Procedures (see list below)

  High dose examinations of the lower abdomen and pelvis – e.g. CT pelvis/ abdomen, IVU, barium enema – should be issued with instructions on the booking letter that those of child-bearing potential are encouraged to contact the department if they believe they may be pregnant or their period is overdue. The appointment date should be adjusted accordingly.

  If within 10 days following start of last period, continue with procedure.

  If more than 10 days following start of last period, and the patient is able to verify that there is absolutely no possibility of pregnancy and sign to this effect, continue with procedure.

  Otherwise, if more than 10 days following start of last period, reschedule the procedure to the first 10 days of their next cycle.

  If pregnancy cannot be excluded and the LMP is over the 10 days the examination is postponed unless a consultant radiologist / cardiologist (IRMER Practitioner) in agreement with the referrer justifies it as urgent. If the examination is deemed urgent the Practitioner must record the decision on the consent form and in the comments on CRIS. The patient must also sign to say they understand and wish to go ahead. The form is scanned into CRIS.

  In exceptional circumstances, consideration may be given to a pregnancy test (these are accurate from 24hrs overdue).

  In the Cath labs, appointment letters do not make reference to the pregnancy status of the patient. All patients of child bearing potential should be asked if they could be pregnant in the Daycase unit prior to the procedure. They will be asked to sign the pre procedure checklist to confirm that they are not pregnant. If pregnancy cannot be excluded, they must have a negative Pregnancy Test before they can proceed for their Interventional Cardiac procedure

In All Cases

If it would be detrimental to the patient not to have the examination, the examination must be re-justified by a Radiologist/Cardiologist (as an IRMER Practitioner) in consultation with the Referrer.

In such cases, the dose to the uterus should be kept to a minimum, consistent with gaining adequate diagnostic information; full lead protection to be given where appropriate and practicable.

In the case of children it may be more appropriate to first ask whether their periods have started and if yes, check LMP.
In all cases, the patient must sign to record that they have confirmed their pregnancy status, and the operator must sign to confirm they have checked.

Responses must be recorded as follows:

The **form – Pregnancy Status Check for the diagnostic and therapeutic use of radiation** must be filled in for all radiology examinations between diaphragm and knees to a patient between 12 and 55 years old.
The patient and the operator must sign this form, the form must be scanned on to CRIS, and the pregnancy question on CRIS completed.
In the Cath Labs, the forms are scanned into the patients Evolve notes.

For children between 12 and 16

Where possible, pregnancy status should be discussed with the child alone. For children between 12 and 16 who have started their periods the radiographer needs to ask if there is any possibility of pregnancy. Response to be recorded in the CRIS comment box as: “Pregnancy checked, radiographer number” If pregnancy disclosed, inform the referrer and consider whether there are safeguarding issues to be addressed.

For Nuclear Medicine examinations (applicable to the Bristol Site only)

All patients should be asked to clarify their pregnancy status and sign if not pregnant but this is particularly important for high dose procedures (see below). This form will be scanned onto CRIS.
If it is clear from the referral or the patient response that the patient **is** pregnant
Check that the exposure has been justified and authorised by an authorised Consultant or someone working under their licence and whether dose adjustment has been made if required. (Detailed protocols for this and breast feeding are in the Nuclear Medicine unit).

Transgender Patients – Female to Male

The **form – Pregnancy Status Check for the diagnostic and therapeutic use of radiation** asks the patient which sex they were assigned at birth. The possibility of pregnancy in transgender (female to male) patients will be covered by the use of the form.
Where a patient is known to be transgender, referrers should remind patients that they need to inform radiology staff if there a possibility of pregnancy, prior to being imaged.

Multi-lingual posters displayed on walls request all patients to inform staff if they may be pregnant. There is an expectation that the individual would raise the issue if appropriate.

Non-English speaking patient

If there is an interpreter available (professional or friend/family member) follow the procedure in Appendix 1.

Consideration should be given to ensuring that the patient is happy to discuss their pregnancy status via their friend or family member. If an interpreter is not available, consider using the phone interpreting service.

Patient with communication difficulties

If the patient has extra communication needs (e.g. hard of hearing, loss of sight) consider the use of written cards, braille or sign language to aid communication. If assistance is available (professional or friend/family member) follow the procedure in Appendix 1.

Consideration should be given to ensuring that the patient is happy to discuss their pregnancy status with the help of their friend or family member.

Patient who lacks capacity

If you feel the patient lacks capacity to discuss their pregnancy status or understand the risks involved in the procedure, they should be supported by a Carer or Advocate – follow the procedure in Appendix 1. If a Carer or Advocate is not available discuss with the referrer for further advice on the patient's capacity.

Theatre & Unconscious Patients

It is the Anaesthetist's responsibility to check pregnancy status and record it on the consent form. The Radiographer is to check with the Anaesthetist to see if checked and should then record on CRIS e.g. 'check made by anaesthetist – not pregnant'. If not, it is the responsibility of the Surgeon; a record must be made in CRIS comments box, e.g. 'No record re. pregnancy status, discussed with surgeon, who deemed safe to proceed'.

With all examinations, care must be taken not to irradiate the gonads if at all possible. Lead protection to be given whenever appropriate and practicable.

If the patient is unconscious, the Referrer should either indicate that the patient is not pregnant or specify that the x-ray examination is required whether or not the patient is pregnant. This is recorded on CRIS.

High Dose Examinations include:

Ba Enema
Proctograms
Any CT examination involving irradiation of Chest / Abdo / Pelvis
Any Interventional examination involving irradiation of Abdo / Pelvis
Cardiac Cath Lab procedures
Lumbar Spine
Thoracic spine
Abdomen
Axial Skeleton

<u>Nuclear Medicine Examinations</u>
67Ga Citrate scan
99mTc Bone scan
99mTc Myocardial (SPECT)
123I DatScan

123I mIBG
111In Pentetreotide scan
201Tl Myocardial scan
Any 99mTc administration above 500MBq.

Low Dose Examinations:

Chest X-Ray
Dental
Appendicular Skeleton

RELATED DOCUMENTS AND PAGES	IR(ME)R 2017 UHBW Clinical Radiology Medical Exposure to Ionising Radiation Policy (IRMER Policy) Protection of Pregnant Patients during Diagnostic Medical Exposures to Ionising Radiation The impact of IR(ME)R 2017 IR(ME)R (NI) 2018 on pregnancy checking procedures SCoR Feb 2019 ISBN 978-1-909802-35-3 Guidance for the administration of Radiopharmaceuticals
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Incidents informing the creation/review of this SOP

Incident	Summary of Learning
n/a	n/a

Document Change Control – changes from previous version

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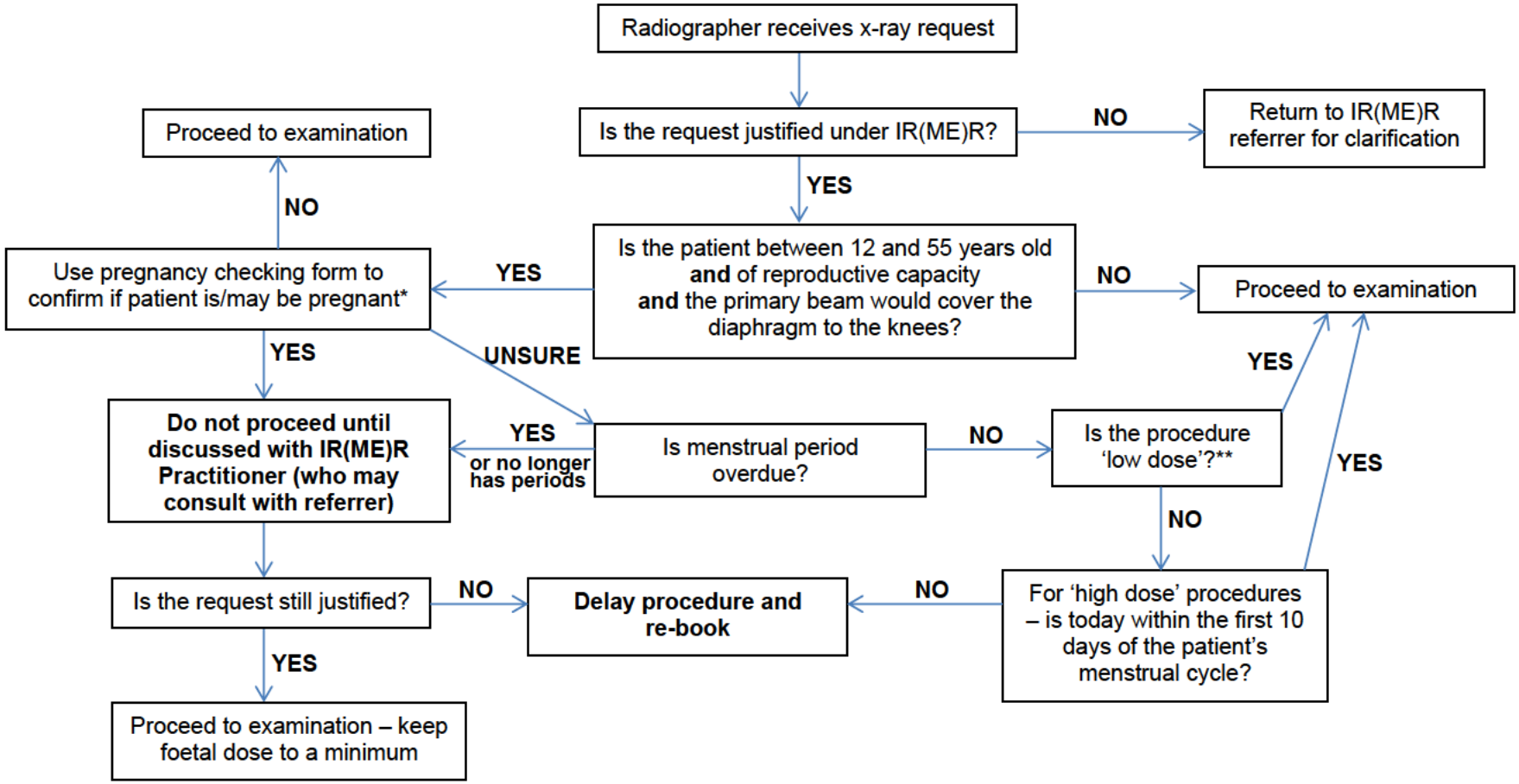
Jan 2024	7.1	Quality Manager	Major	Updated to reference new pregnancy checking form

APPENDIX 1

Checking pregnancy status in Conscious Patients

(Ensure results recorded in CRIS)

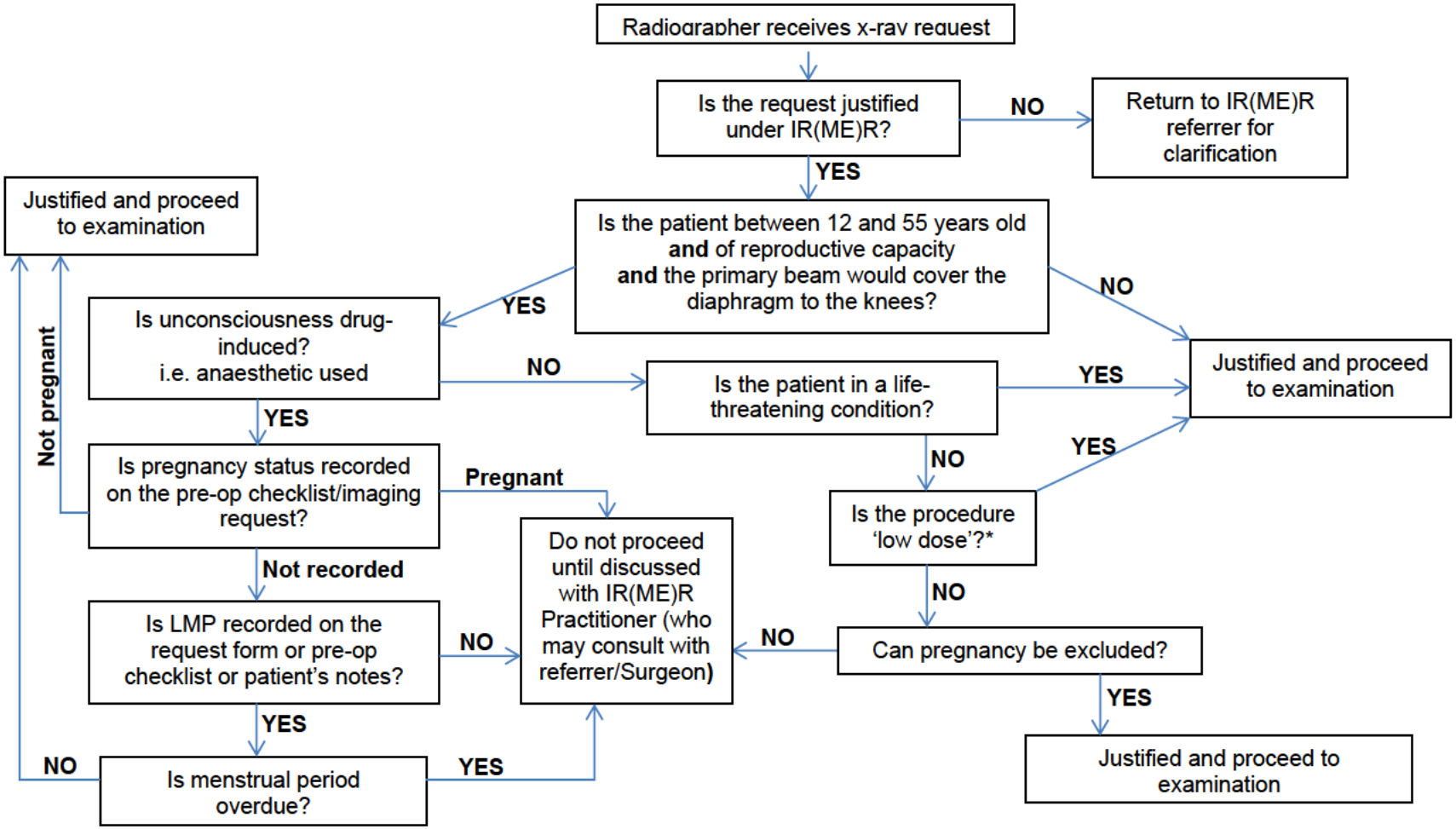


** Bear in mind sensitivity considerations before asking*
*** See guidance in SOP*

APPENDIX 2

Checking pregnancy status in Unconscious Patients

(Ensure results recorded in CRIS)



** See guidance in SOP*