

## **PROCEDURE C**

### **PROCEDURES FOR MAKING ENQUIRIES OF INDIVIDUALS OF CHILDBEARING POTENTIAL TO ESTABLISH WHETHER THE INDIVIDUAL IS OR MAY BE PREGNANT.**

#### **1. Objectives**

- The aim of this procedure is to establish the likelihood of potential pregnancy in individuals of childbearing age (10 to 55 years) before they undergo a medical exposure.
- To ensure that where pregnancy cannot be excluded the exposures involving ionising radiation are appropriately justified.

#### **2. Principal Information**

- 2.1 Areas remote from the foetus may be safely X-rayed at any stage of pregnancy with good collimation and quality assured equipment (e.g. Chest, Skull, Hand, CT Head).
- 2.2 For examinations of the abdomen and pelvis region on individuals aged between 10-55 years, [where the uterus lies in or near the primary X-ray beam], the operator must enquire about the possibility of pregnancy. The possibility of pregnancy enquiry should be documented on the appropriate paperwork and be part of a signed consent.
- 2.3 Notices asking patients whether they might be pregnant and instructing them to inform the radiographer BEFORE they are X-rayed or scanned are prominently displayed in waiting areas and changing cubicles.
- 2.4 The referrer has a responsibility to investigate the pregnancy status of patients who are being referred for a medical exposure using ionising radiation.
- 2.5 Children under 13 are legally unable to give consent to sexual activity and therefore, if the possibility of pregnancy is reported, this requires notification through safeguarding procedures.

Examinations of the abdomen and pelvis region [where the uterus lies in or near the primary beam] can be divided into High or Low dose examinations. The procedure to be followed in each case is detailed in sections 3 and 4 below:-

### **3. High Dose Procedures**

A 'high dose procedure' is defined as any examination resulting in a potential foetal dose of more than 10mGy, e.g.

- Any CT imaging in the pelvis or abdomen region
- Fluoroscopy imaging with multiple full acquisition exposures of the pelvis or abdomen area region
- Interventional Radiology / Cardiology Procedures involving exposures of the pelvis or abdomen region

For these patients the date of the 1st day of the last menstrual cycle and the non-pregnancy criteria check should be documented and signed by the operator and patient. This information must be scanned or inputted to the RIS system. In Cardiology, the documentation of the above points must be recorded in the patient's care pathway held within the patient's chart.

- 3.1 Prior to a medical exposure in the abdomen and pelvis region of individuals of childbearing age (10-55 years), it is the responsibility of the operator who is making the exposure to ensure that pregnancy status has appropriately been checked.
- 3.2 The pregnancy check may be more effectively carried out by another member of the team, in which case the operator undertaking the medical exposure must satisfy themselves that the pregnancy status is appropriately checked and documented.
- 3.3 For X-ray examinations where a Radiologist/Cardiologist and radiographer are both present in the X-ray room and either may make the exposure, it remains the responsibility of the radiographer to check the pregnancy status of the patient before the examination and record the appropriate information as detailed above. The Radiologist/Cardiologist must ensure the pregnancy check has been performed before the examination begins.
- 3.4 All enquiries should be made sensitively and with due care for patient privacy and confidentiality. All patients must be treated with dignity and respect in line with Trust values and equality obligations.
- 3.5 The patient should be asked to confirm if there is any possibility that they may be pregnant. The date of the first day of the patient's last menstrual period must be recorded and signed by both the patient and completing operator.
- 3.6 Radiological high dose procedures should be limited to the first 10 days of the menstrual cycle.

- 3.7 If the patient is unsure of the date of their last menstrual period or is outside the first 10 days of their menstrual cycle or there is any possibility of pregnancy the following are the permissible options:
- Defer the examination until the menstrual cycle has commenced.
  - Assess using an alternative imaging procedure, which does not use ionising radiation.
  - Proceed if the patient can satisfy and sign the appropriate not pregnant criteria (3.8 below).
  - In emergency patients, that cannot be postponed the risk benefit of the radiation exposure needs to be justified by a Radiologist/Cardiologist usually after discussion with the referrer.
- 3.8 The procedure may proceed if the patient can satisfy one of the non-pregnant criteria stated below and sign to confirm that they are not pregnant:-
- Abstinence
  - Combined Pill
  - Condom/Diaphragm
  - Depo Provera (within last 12 weeks)
  - Hormone implant
  - Hysterectomy
  - IUCD
  - Mirena IUCD
  - Negative pregnancy test
  - Post-menopausal (12 months without menstruation)
  - Post-partum (within last 4 weeks)
  - Premenstrual (never had a menstrual period)
  - Progesterone only pill
  - Vasectomy partner(s)
  - Sterilisation
  - Same sex partner
  - Born without female reproductive organs
- 3.9 For emergency examinations, if pregnancy is established or the patient cannot satisfy any of the non-pregnant criteria, a Radiologist (practitioner) must review and re-justify the proposed examination before commencing.
- 3.10 If the Practitioner, after speaking to the referrer, decides that the examination cannot be safely postponed and agrees to proceed with the medical exposure, the authorisation for that decision must be recorded by the Radiologist (Practitioner).

- 3.11 However, if a Radiologist working out of hours gives the authorisation, the operator who undertakes the exposure can take the authorisation by phone, authorise on behalf of the Radiologist and record that the radiology procedure was justified by phone. The time, date, and name of the Radiologist and the Radiographer's signature must be recorded.
- 3.12 In such cases, the examination may proceed only following a full explanation of the risks associated with irradiation of the foetus; the patient should give written permission to proceed.
- 3.13 Where possible, the MPE should be contacted to advise on any additional measures that can be taken to optimise the exposure and reduce the exposure to foetus. Advice should be recorded on RIS.
- 3.14 If the patient's medical condition prevents them from making such a decision (e.g. unconscious from RTA) in which case the Practitioner's decision to proceed will be taken following clinical consultation with the referrer.
- 3.15 Following the procedure, the MPE will carry out a dose and risk assessment based on the exposure factors recorded. This should be made available to the patient via their GP.
- 3.16 Proceed with the examination if immediate life threatening scenario / major trauma. The attending physician must document and sign the life threatening condition for individuals of childbearing potential.
- 3.17 For examinations of the abdomen and pelvis region on anaesthetised individuals aged between 10-55 years in theatre, the operator must enquire about the possibility of pregnancy. The LMP and pregnancy status must be obtained from the nursing or anaesthetic staff that have completed and documented this information as part of their pre-theatre checklist. The operator must document the pregnancy enquiry on the appropriate paperwork.
- 3.18 If a pregnant patient is accidentally or unintentionally exposed to ionising radiation, this should be raised as an incident and investigated as per Procedure K(ii).
- 3.19 If during the course of making these enquiries the operator has any safeguarding concerns, detailed advice can be obtained by referring to the (revised) Regional Core Child Protection Policy and Procedures<sup>1</sup> or contacting the Adult Safeguarding Gateway Team.

3.20 Where the referrer, practitioner or operator is unaware of a possibility of pregnancy due to the individual being unidentified or undeclared as a trans male, or where the individual has not consented to the sharing of their gender identity or their child bearing potential the individual to be exposed has the sole responsibility for safeguarding the foetus. It is therefore essential to provide every individual with adequate information relating to the benefits and risks associated with the radiation dose prior to procedure.

3.21 Referrals from the gender dysphoria clinics

For referrals from the gender dysphoria clinic it may be considered not relevant or appropriate to ask an individual who is undergoing medical treatment resulting in infertility or arrested ovulation about any possibility of pregnancy. The Referrer is responsible for providing sufficient medical information to support this on the imaging examination referral. *This data should include information on the medical treatment and clearly state impact (e.g. arrested ovulation).* If relevant information is not provided, standard pregnancy enquiries must be completed.

The Operator must complete a supplementary check with the patient (or parent/guardian if appropriate) to confirm the patient is up to date with the relevant medical treatment in relation to this. If the patient is not up to date with the relevant medical treatment, standard pregnancy enquiries must be completed.

*The Operator must be aware that some referrals from the gender dysphoria clinic will be at the pre-treatment stage. In these scenarios, standard pregnancy enquiries must be completed.*

#### 4. Low Dose Procedures

For all other examinations of the abdomen and pelvis region [where the uterus lies in or near the primary beam], the procedure can be carried out provided that a menstrual period has not been missed.

For these patients the date of the first day of the last menstrual cycle and non-pregnancy status should be documented on the appropriate form and signed by the operator and patient. This information must be scanned or inputted to the RIS system.

In Cardiology, the documentation of the above points must be signed by the radiographer acting on behalf of the operating cardiologist, recorded in the patient's care pathway, scanned and uploaded to the CVIS System and the original documentation held within the patient's chart.

4.1 Prior to a medical exposure of ionising radiation on individuals of childbearing age (10-55 years) of the abdomen and pelvis region, it is the

responsibility of the operator who is making the exposure to ensure that pregnancy status has been checked appropriately.

- 4.2 The pregnancy check may be more effectively carried out by another member of the team, in which case the operator undertaking the medical exposure must satisfy themselves that the pregnancy status is appropriately checked and documented.
- 4.3 For X-ray examinations where a Radiologist/Cardiologist and radiographer are both present in the X-ray room and either may make the exposure, it remains the responsibility of the radiographer to check the pregnancy status of the patient and record the appropriate information as detailed above.
- 4.4 All enquiries should be made sensitively and with due care for patient privacy and confidentiality. All patients must be treated with dignity and respect in line with Trust values and equality obligations.
- 4.5 The patient should be asked to confirm if there is any possibility that they may be pregnant. The date of the first day of the patients last menstrual period must be recorded and signed by both the patient and completing operator.
- 4.6 Radiological low dose procedures may proceed if the patient is within their normal menstrual cycle.
- 4.7 If the patient is unsure of the date of their last menstrual period, outside of their normal menstrual cycle or there is any possibility of pregnancy the following are the permissible options:
  - a) Defer the examination until the menstrual cycle has commenced.
  - b) Assess using an alternative imaging procedure, which does not use ionising radiation.
  - c) Proceed if the patient can satisfy and sign the appropriate not pregnant criteria (4.8 below).
  - d) In emergency patients, that cannot be postponed the risk/benefit of the radiation exposure needs to be justified by a Radiologist/Cardiologist usually after discussion with the referrer.
- 4.8 The procedure may proceed if the patient can satisfy one of the criteria stated below and sign to confirm that they are not pregnant:-
  - Abstinence
  - Combined Pill
  - Condom/Diaphragm
  - Depo Provera (within last 12 weeks)
  - Hormone implant
  - Hysterectomy
  - IUCD

- Mirena IUCD
- Negative pregnancy test
- Post-menopausal (12 months without menstruation)
- Post-partum (within last 4 weeks)
- Premenstrual (never had a menstrual period)
- Progesterone only pill
- Vasectomy partner(s)
- Sterilisation
- Same sex partner
- Born without female reproductive organs

- 4.9 If pregnancy is established or the patient cannot satisfy any of the non-pregnant criteria, a Radiologist (practitioner) must review and re-justify the proposed examination before commencing.
- 4.10 If the Practitioner, after speaking to the referrer, decides that the examination cannot be safely postponed and agrees to proceed with the medical exposure, the authorisation for that decision must be recorded by the Radiologist (Practitioner). In Cardiology, the cardiologist must sign in the radiographer's section of the patient's care-pathway and have the patient counter sign if possible.
- 4.11 If however, a Radiologist out of working hours gives the authorisation, the operator who undertakes the exposure can take the authorisation by phone, authorise on behalf of the Radiologist and record that the radiology procedure was justified by phone. The time, date, and name of the Radiologist and the Radiographer's signature must be recorded.
- 4.12 In such cases, the examination may proceed only following a full explanation of the risks associated with irradiation of the foetus; the patient should give written permission to proceed.
- 4.13 Where possible the MPE should be contacted to advise on any additional measures that can be taken to optimise the expose and reduce the exposure to foetus. Advice should be recorded on RIS.
- 4.14 If the patient's medical condition prevents them from making such a decision (e.g. unconscious from RTA) in which case the Practitioner's decision to proceed will be taken following clinical consultation with the referrer.
- 4.15 Following the procedure the MPE will carry out a dose and risk assessment based on the exposure factors recorded. This should be made available to the patient via their GP.

- 4.16 Proceed with examination if immediate life threatening scenario/major trauma. The attending physician must document and sign the life threatening condition for individuals of childbearing potential.
- 4.17 Anaesthetised patients in theatre – for examinations of the abdomen and pelvis region on individuals aged between 10-55 years, the operator must enquire about the possibility of pregnancy. The LMP and pregnancy status must be obtained from the nursing or anaesthetic staff that have completed and documented this information as part of their pre theatre checklist. The operator must document the possibility of pregnancy enquiry on the appropriate paperwork.
- 4.18 If a pregnant patient is accidentally or unintentionally exposed to ionising radiation, this should be raised as an incident and investigated as per Procedure K(ii).
- 4.19 If during the course of making these enquiries the Operator has any safeguarding concerns, detailed advice can be obtained by referring to the (revised) Regional Core Child Protection Policy and Procedures<sup>1</sup> or contacting the Adult Safeguarding Gateway Team.
- 4.20 Where the referrer, practitioner or operator is unaware of a possibility of pregnancy due to the individual being unidentified or undeclared as a trans male, or where the individual has not consented to the sharing of their gender identify or their child bearing potential the individual to be exposed has the sole responsibility for safeguarding the foetus. It is therefore essential to provide every individual with adequate information relating to the benefits and risks associated with the radiation dose prior to procedure.
- 4.21 Referrals from the gender dysphoria clinics  
For referrals from the gender dysphoria clinic it may be considered not relevant or appropriate to ask an individual who is undergoing medical treatment resulting in infertility or arrested ovulation about any possibility of pregnancy. The Referrer is responsible for providing sufficient medical information to support this on the imaging examination referral. *This data should include information on the medical treatment and clearly state impact (e.g. arrested ovulation).* If relevant information is not provided, standard pregnancy enquiries must be completed.  
The Operator must complete a supplementary check with the patient (or parent/guardian if appropriate) to confirm the patient is up to date with the relevant medical treatment in relation to this. If the patient is not up to date with the relevant medical treatment, standard pregnancy enquiries must be completed.  
*The Operator must be aware that some referrals from the gender dysphoria clinic will be at the pre-treatment stage. In these scenarios, standard pregnancy enquiries must be completed.*



#### **Reference**

1. Safeguarding Board for Northern Ireland (SBNI) Procedures Manual (updated 2017).  
Available from:  
[Safeguarding Board for Northern Ireland Procedures Manual \(proceduresonline.com\)](https://proceduresonline.com/sbni)

## **5. Patient in Theatre, Day Procedure Unit and Treatment Room (Cardiac Pacing)**

The pregnancy status and LMP of the patient of childbearing age (10 to 55 years) who is to undergo a medical exposure in Theatre must be checked by the operator.

In all procedural areas, if possible the operator should check the patient's pregnancy status before the patient is given any pre-treatment medication.

If the patient is anaesthetised or medicated prior to the operator's arrival, the completed anaesthetic or nursing pre-theatre checklists can be used to check the pregnancy status and LMP.

The operator who undertakes the patient identification, pregnancy status and LMP must confirm the patient details with the anaesthetist or nurse before the exposure takes place.

If the patient is pregnant or likely to be pregnant, the Practitioner who initially justified the exposure must review the justification for the proposed exposure and the operator must record that re-justification on the request.



