

<b>Policy Name:</b>	<b>Pregnancy Screening and Testing Requirements for Imaging Patients of Childbearing Potential</b>
<b>Policy Number:</b>	<b>UCSDHP 575.2</b>
<b>Authoring Department:</b>	<b>Imaging Services, Interventional Radiology, Cardiology, Interventional Pulmonology, Ambulatory Leadership, Perioperative Services, Inpatient Leadership</b>
<b>Last Revised Date:</b>	<b>New Policy</b>

## **APPLICABILITY:**

This policy is an institutional policy applicable to all parts of UC San Diego Health Sciences, which reports to the Vice Chancellor of Health Sciences.

UC San Diego Health Sciences includes UC San Diego School of Medicine, Skaggs School of Pharmacy and Pharmaceutical Sciences, and UC San Diego Health.

UC San Diego Health clinical locations include (but are not limited to): UC San Diego Health - Hillcrest, Jacobs, East Campus Medical Center, Moores Cancer Center, Sulpizio Cardiovascular Center, Koman Outpatient Pavilion, and other health system outpatient clinic locations.

The scope of this policy applies to any team member participating in clinical activities at UC San Diego Health Sciences.

Departmental policies and procedures are unit specific within a single department, unit, or service area.

## **PURPOSE:**

To screen persons of childbearing potential for suspected pregnancy in an effort to protect the patient and fetus from unnecessary exposure to radiation producing equipment, radioactive material and gadolinium-based contrast media.

## **POLICY:**

UC San Diego Health has established a uniform procedure to manage and document potentially pregnant patients, including managing patient attestations, for patients that decline pregnancy testing for higher risk procedures that may require the use of ionizing radiation, gadolinium-based contrast media or radioisotopes. The scope of this policy applies to any team member participating in clinical activities at UC San Diego Health.

## **PROCEDURE:**

- I. Patients of childbearing potential will be surveyed for their pregnancy status prior to their imaging examination.

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- II. Patients of childbearing potential that are under 18 years old may respond as an adult and the information is to remain private unless the patient has approved communication of the information to their parent, family and/or guardian.
  
- III. All Emergency room and inpatient persons of childbearing potential receiving an MRI with contrast, Nuclear Medicine, fluoroscopic procedure or imaging involving radiation of the abdominal/pelvic region (abdomen/pelvis, lumbar spine, pelvic girdle) will receive a Urine Pregnancy Test (UPT) from the ER/inpatient department within 72 hours prior to imaging procedure. UPT results must be documented in the patient’s medical record.
  
- IV. Exceptions: Examinations That Do Not Require Verification of Pregnancy Status  
 In general, x-ray–based examinations that do not directly expose the pelvis or gravid uterus to the x-ray beam do not require verification of pregnancy status. Imaging can proceed without confirming pregnancy status or obtaining consent. Such studies include, but are not limited to:
  - a. Chest radiography or fluoroscopy
  - b. Extremity radiography or fluoroscopy
  - c. Any diagnostic examination of the head or neck
  - d. Diagnostic examination of the abdomen/pelvis or pelvic girdle requiring only 1 view
  - e. Mammography
  - f. Any CT imaging outside of the lumbar spine, abdomen/pelvis or pelvic girdle
  - g. Non-contrast MRI
    - Gadolinium should be avoided during pregnancy. If essential, consultation with radiology provider and referring provider is required, and patient must provide informed consent after a discussion of risks and benefits.
  
- V. Examinations that require verification of pregnancy status
  - a. Fluoroscopic procedures of the lumbar spine, abdomen/pelvis or pelvic girdle
  - b. Diagnostic exams of the lumbar spine, abdomen/pelvis or pelvic girdle that require 2 or more views
  - c. Hysterosalpingography
  - d. CT exams of the lumbar spine, abdomen/pelvis or pelvic girdle
  - e. Therapeutic nuclear medicine studies
  - f. MRI with contrast

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Determination of pregnancy status has two components: clinical history and pregnancy testing. If clinical history is insufficient to exclude pregnancy (hysterectomy, tubal ligation, ongoing oncologic therapy, etc.), testing may be required.

**For non-exception studies**, pregnancy confirmation may be waived by the ordering provider in cases where the patient is incapacitated and treating a life-threatening emergency. The waiver must be documented in the patient’s medical record, specifying circumstances such as the procedure being critically urgent and required without determining pregnancy status. In the non-urgent setting, the patient’s healthcare agent may consent.

- I. If a patient responds **“not pregnant” or “unsure/unknown”** and declines pregnancy testing, patient must sign an attestation declining testing and validating non-pregnancy status ([D5765](#)– Diagnostic Imaging/Procedural Pregnancy Waiver and UPT Refusal)
  - If the patient has any questions regarding Attachment A – Diagnostic Imaging/Procedural Pregnancy Waiver and UPT Refusal, they will be instructed to discuss concerns with the ordering provider.
  - If patient is agreeable to testing but one cannot be provided at the point of service, the exam may need to be rescheduled.
  
- II. If a patient responds **“pregnant”**:
  1. Staff (technologist, Radiology RN, etc.) will review the order with an Attending Radiologist Fellow or Resident to assess the clinical risk versus benefit of completing the requested procedure including alternate modalities. The Radiologist will revise any exam protocol modifications in the interest of safety to the patient and fetus.
  2. For inpatient and emergency department studies, the ordering provider will obtain consent with the patient or representative and document the process using [D5764](#): Imaging of Pregnant or Potentially Pregnant Patients Informed Consent. Staff (tech, RN, etc.) will scan the consent into Epic Media Manager (Chart>>Media Manager>>Encounter>>Non-procedural Consent)
    - If a patient declines consent, the ordering provider and radiologist will work together to determine alternate studies or plans of care.
  3. For ambulatory studies, the ordering provider and the Attending Radiologist Fellow/Resident will make the determination to proceed with the examination. The

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radiologist will obtain the consent with the patient or representative and document using the process stated above.

- If a patient declines consent, the ordering provider and radiologist will work together to determine alternate studies or plans of care.
- If radiologist is not on site, consent can be provided via telephone.

### III. Nuclear Medicine Guidelines for Pregnant or Breastfeeding Patients.

1. Patients of childbearing potential will be screened for pregnancy and breastfeeding prior to the administration of any radiopharmaceuticals.
2. For all Diagnostic Nuclear Medicine Procedures
  - a. Non-pregnant status/ non-lactating status
    - Requires completion of the written attestation for pregnancy status.
  - b. Unknown pregnancy status
    - Requires pregnancy test
  - c. Pregnant status
    - The Nuclear Medicine provider will contact the referring provider to discuss other imaging methods not requiring radiation, postponement of the procedure or adjusting/modifying the dose and/or procedure protocol. In the case of the dose adjustment, the Nuclear Medicine provider directive will clearly outline the adjustment.
  - d. If the procedure is deemed necessary it will require completion of Attachment B: Imaging of Pregnant or Potentially Pregnant Patients Informed Consent Lactation status
    - Requires instruction provided to the patient of timeframe for breastfeeding interruption or complete cessation deemed appropriate for the radionuclide used for the procedure.
3. For all Therapeutic Nuclear Medicine Procedures, the patient will require a recent Serum HCG within 72 hours of procedure and will be required to discontinue breastfeeding.
  - The HCG results and breastfeeding counseling will be documented in the electronic health record.

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## **DEFINITIONS:**

- I. *Pregnant patient:* A patient is considered pregnant when the patient states they are or when a pregnancy test is ordered by a provider and the result is positive for pregnancy.
- II. *Childbearing potential:* A person who is able to become pregnant and is between ages 12-60 or has onset of menses

## **FORMS:**

[D5765](#) Diagnostic Imaging/Procedural UPT Refusal

[D5764](#) Imaging of Pregnant or Potentially Pregnant Patients Informed Consent [D5764S](#)

## **REFERENCES/RESOURCES/RELATED DOCUMENTS:**

[American College of Radiology \(ACR\) Practice Parameters for Imaging Pregnant or Potentially Pregnant Patients with Ionizing Radiation](#)

## **ATTACHMENTS:**

None.

## **RELATED POLICIES:**

None.

## **CONTACT(S):**

Senior Director, Imaging Services

Radiology Manager, Imaging Services

## **APPROVALS:**

Nursing Policy and Procedure Committee

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Nurse Executive Council

Radiation Committee

Radiology Quality Council

Quality Council Committee

Medical Staff Executive Committee

Executive Team

Executive Governing Body

**ORIGINAL:**

**01/30/2025**