## Policy Checklist

<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th>Policy for the Checking of Pregnancy before surgery, x-ray / diagnostics and chemotherapy</th>
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<tbody>
<tr>
<td>Purpose of Policy:</td>
<td>To ensure that all females who have started menstruating (regardless of age) are checked to determine if they are pregnant in the immediate pre-operative period or immediately prior to radiological screening or commencement of chemotherapy treatment; To ensure that all females who have started menstruating (regardless of age) are given suitable information advising them of the need for pregnancy checks to be carried out. To ensure that the outcomes for the pregnancy checks are recorded on the appropriate assessment documentation. The Trust has robust policies and procedures in place to support the NPSA alert recommendations and relevant safeguarding of children legislation; To effectively manage the risks of harm to the mother or foetus associated with surgery when pregnant.</td>
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<tr>
<td>Directorate responsible for Policy</td>
<td>ACUTE / CYP</td>
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<tr>
<td>Name &amp; Title of Author:</td>
<td>Checking Pregnancy before Surgery Policy Working Group</td>
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<tr>
<td>Does this meet criteria of a Policy?</td>
<td>YES</td>
</tr>
<tr>
<td>Staff side consultation?</td>
<td>N/A</td>
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<tr>
<td>Equality Screened by:</td>
<td>Equality Assurance Unit</td>
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<tr>
<td>Date Policy submitted to RM&amp;PC:</td>
<td>04 June 2011</td>
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<td>Members of RM&amp;PC in Attendance:</td>
<td></td>
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<tr>
<td>Policy Approved/Rejected/Amended</td>
<td>Approved</td>
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<tr>
<td>Communication Plan required?</td>
<td>Yes</td>
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<td>Training Plan required?</td>
<td>Yes</td>
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<td>Implementation Plan required?</td>
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<td>Any other comments:</td>
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<td>Date presented to SMT</td>
<td>21 July 2011</td>
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<tr>
<td>Director Responsible</td>
<td>Dr Rankin</td>
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<td></td>
<td>Paul Morgan</td>
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<td>SMT Comments</td>
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<td><strong>Policy Document – Version Control Sheet</strong></td>
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<tr>
<td><strong>Originator</strong></td>
<td>Checking Pregnancy before Surgery Policy Working Group</td>
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| **RM/Policy Committee & SMT approval** | Referred for approval by: Checking Pregnancy before Surgery Policy Working Group  
Date of Referral: 04 June 2011  
RM/Policy Committee Approval (13 June 2011)  
SMT approval (21 July 2011) |
| **Circulation** | Issue Date:  
Circulated By: |
| **Review** | Review Date: June 2013  
Responsibility of the Checking Pregnancy before Surgery Policy Working Group |
POLICY FOR THE CHECKING OF PREGNANCY BEFORE SURGERY, X-RAY/DIAGNOSTICS & CHEMOTHERAPY
1.0 Introduction

The National Patient Safety Agency (NPSA) has advised that the possibility of pregnancy should be considered in all relevant female patients before surgery which could pose risks to mother or foetus (Appendix 1).

Preoperative assessment may take place weeks in advance of the planned operation and pregnancy status may change during the intervening time. It is therefore imperative that the pregnancy status is checked within the immediate pre-operative period.

The results of the pregnancy check should be recorded on pre-operative documentation used by staff performing final clinical and identity checks before surgical intervention. Final check should take place in theatre during the WHO theatre checklist.

2.0 Definitions

2.1 ‘Relevant Female Patient’.

This refers to all females who have started menstruating, regardless of their age.

For children up to the age of 16 year the checking/testing of pregnancy will have implications in relation to the Sexual Offences (NI) Order 2008. The guidelines that accompany this policy (Appendix 2) provide clear guidance this matter.

2.1.1 The Sexual Offences (NI) order 2008 provides a new legislative framework to protect everyone from sexual crime. It has important implications for all health professional and particularly for those who treat or advise children and young people.

2.1.2 In Northern Ireland the age of consent to any form of sexual activity is 16 years. Even though the age of consent is 16 years, there are a number of situations where it is important to consider the child protection needs of those under the age of 18 years

2.1.3 The law is absolutely clear that “it will be an offence” and is illegal “for anyone to have any sexual activity with a young person under the age of 16” (Northern Ireland Office).

2.1.4 It is the responsibility of professionals to report concerns, not to decide whether it is or is not child abuse. No one individual can make the decision that a child has been, or will be harmed (Regional Child Protection Policy and Procedures 2005, amended 2008 CH2:17).
2.2 ‘Analytical Test

This refers to the checking pregnancy before surgery refers to analytical tests undertaken in the laboratory or at point of care by laboratory or non-laboratory staff outside a recognised diagnostic laboratory to confirm pregnancy.

3.0 Checking Requirements

3.1 Elective Surgery pathway

If the patient’s Last Menstrual Period (LMP) is within 28 days and the patient states she could not be pregnant, pregnancy testing is NOT required.

Exceptions to this include:

- If a test has been specifically requested by the clinician in charge of the patient’s care
- If the patient is scheduled for
  (a) Gynaecological Surgery
  (b) Urology Surgery
  (c) Surgical procedures that require the use of x-ray equipment (e.g. for the removal of foreign bodies).

A pregnancy test will be required to ensure that there is no risk of harm to the foetus.

If the patient’s Last Menstrual Period is over 28 days or if the patient is uncertain if pregnancy is possible, testing should take place following consent.

3.1 Emergency surgical pathway

If the patient’s Last Menstrual Period is within 28 days and the patient states she could not be pregnant, pregnancy testing is NOT required.

Exceptions to this include:

- If a test has been specifically requested by the clinician in charge of the patient’s care;
- If the patient is scheduled for
  (a) Gynaecological Surgery
  (b) Urology Surgery
  (c) Surgical procedures that require the use of x-ray equipment (e.g. for the removal of foreign bodies).

A pregnancy test will be required to ensure that there is no risk of harm to the foetus.
If the patient’s Last Menstrual Period is over 28 days or if the patient is uncertain if pregnancy is possible, testing should take place following consent. The actual printout of the test result that is carried out in the Emergency Department must accompany the patient to the admission unit.

In emergency situations, confirmation of pregnancy should not delay treatment and should be judged within clinical assessment of risk.

### 3.3 Diagnostics Pathway

In accordance with the IR(ME)R regulations (2000) if the patient’s Last Menstrual Period is within 10 days and the patient states she could not be pregnant, testing is NOT required for high dose X-ray investigations that include:

- Nuclear medicine
- CT abdomen and pelvis
- CT hysterosalpingogram

If the patient’s LMP is over 10 days or if the patient is uncertain if pregnancy is possible testing should take place following consent. Appendix 4 outlines the specific pregnancy testing that should be carried out within the specialist clinical field of Diagnostics.

It is important to indicate that whilst the IR(ME)R regulations state that pregnancy should be confirmed in female patients where the time from their last menstrual cycle exceeds 10 days all of the pregnancy tests that are currently available are only likely to detect hCG in urine at 14 days after conception (approximately 28 days since the last menstrual cycle). It is important to highlight that confirmation of pregnancy should not delay treatment and should be judged within clinical assessment of risk.

### 3.4 Chemotherapy Pathway

The potential and risks for a patient to be or become pregnant prior to or during chemotherapy should be clearly discussed with patients undergoing chemotherapy. Previous testing for surgery or other investigation should not be assumed to be acceptable due to the time delay between then and the commencement of chemotherapy treatment.

### 3.5 Use of Cytotoxic / Teratogenic Medications

i) **Haematology**

Within haematology a number of drugs are used which require multiple pregnancy tests to be carried out throughout the course of the patient’s treatment. Examples of such drugs include Thalidomide and Lenalidomide. Local clinical guidelines must be adhered to.
ii)  *Dermatology*

The Trust also uses a number of teratogenic drugs for the treatment of dermatology conditions. Examples of such drugs include *Isotretinoin* for the treatment of acne, *Acitretin* for the treatment of psoriasis and *Altretinoin* for the treatment of *Eczema*. A number of pregnancy testing regimes are in place for these drugs and local guidelines must be adhered to.

iii) Other non-cancer conditions (ie Crohn’s disease / Rheumatology

The Trust also uses a number of cytotoxic drugs for the treatment of non-cancer conditions. A number of pregnancy testing regimes are in place for these drugs and local guidelines must be adhered to.

### 4.0 Aim of the policy

4.1 To ensure that all females who have started menstruating (regardless of age) are checked to determine if they are pregnant in the immediate pre-operative period or immediately prior to radiological screening or commencement of chemotherapy treatment;

4.2 To ensure that all females who have started menstruating (regardless of age) are given suitable information advising them of the need for pregnancy checks to be carried out.

4.3 To ensure that the outcomes for the pregnancy checks are recorded on the appropriate assessment documentation. This will include a record being made on the following:

- Accident and emergency documentation;
- Preoperative assessment booklet;
- Patient centred care record for both adults and children
- NIPACS records;
- Chemotherapy documentation;
- Theatre documentation that will include the WHO surgical checklist.

In line with the Trust’s POCT Policy (2010) all pregnancy test results should be recorded in such detail as to allow unequivocal identification of the patient, the actual result, date and time of analysis, reagent lot/expiry date and the name of the analyst. This record must be in addition to records made in the patient notes, and where available should be electronic.

The actual printout of the test result that is carried out in the Emergency Department must accompany the patient to the admission unit;
4.4 The Trust has robust policies and procedures in place to support the NPSA alert recommendations and relevant safeguarding of children legislation;

4.5 To effectively manage the risks of harm to the mother or foetus associated with surgery when pregnant.

5.0 Policy Statement

4.1 The Trust promotes an open and positive approach to checking of pregnancy before surgery and radiological screening;

4.2 An effective quality management system has been established to ensure that pregnancy testing is carried out in accordance with the NPSA/2010/RRR011 Rapid Response Report: *Checking Pregnancy before Surgery.*

4.3 A multidisciplinary Checking Pregnancy before Surgery, X-Ray & Chemotherapy Working Committee has been formed within the Southern Health and Social Care Trust. The group has representatives from Medicine, Nursing, Social Work, Radiology and the Point of Care Committee. The terms of reference for this Committee are outlined in Appendix 3.

All patient and quality control testing results must be recorded. Patient results must be recorded in such detail as to allow unequivocal identification of the patient, the actual result, date and time of analysis, reagent lot/expiry date and the name of the analyst. This record must be in addition to records made in the patient notes, and where available should be electronic. Any child protection concerns should be recorded on the relevant UNOCINI documentation and referral pathways adhered to. The guidelines that accompany this policy (Appendix 2) provide clear guidance this matter.

5.5 All adverse events relating to checking pregnancy before surgery must be reported back via the IR1 process to the Trust Governance systems for review, learning and action plan.

6.0 Scope of the Policy

The policy is applicable to all of Southern HSC Trust sites and staff members who are responsible for checking pregnancy before surgery.
7.0 Responsibilities

All Staff involved in checking pregnancy before surgery should be aware of their individual role and responsibilities under clinical governance as outlined below.

7.1 Trust’s Chief Executive
The Trust’s Chief Executive as “Accountable Officer” has overall responsibility for ensuring the aims of this policy are met. The Chairperson of the Point of Care Testing Committee reports to the Chief Executive through the Director of Acute Services.

7.2 Multidisciplinary POCT Committee
The chairperson of the multidisciplinary POCT committee is responsible for ensuring that the equipment that is used for point of care testing is suitable and fit for purpose.

7.3 Senior Management

The Trust Directors of Acute Services & CYP, Assistant Directors & Associate Medical Directors of Acute services & CYP have responsibility for the effective application of this policy. They will ensure that processes are in order and that action plans arising from trigger scores are implemented and processes are in place to monitor and report on the effectiveness of these processes. In addition, the Assistant Directors & Associate Medical Directors have responsibility to ensure that, where required, local ward guidance is in place to support the implementation of guidance at ward / departmental level.

7.4 All staff must adhere to the guidelines (Appendix 2) which support this policy. Medical staff members are responsible for identifying areas of clinical need where the introduction of Checking Pregnancy before surgery, X-ray/Diagnostics, anesthesia or chemotherapy could be appropriate. If a previously unknown pregnancy is detected, the risks and benefits of the surgery are to be discussed with the patient. Surgery may be postponed or anaesthetic / surgical approaches modified if necessary. In emergency situations, confirmation of pregnancy should not delay treatment and should be judged within clinical assessment of risk. Should the pregnancy test be positive the patient / parent / carer should be advised to attend GP for antenatal care or referred to gynaecology/obstetrics as appropriate if remaining an inpatient or if clinically indicated.

8.0 Legislative Compliance, Relevant Policies, Procedures

Staff must take cognisance of relevant legislative and professional standards as well as guidance and other relevant National, regional DHSSPS publications and local procedures.
(Local procedures are listed in the Appendices to this policy).
This policy should read in conjunction with following:

- The Sexual Offences (NI) Order 2008

9.0 Equality and Human Rights Considerations

9.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland Guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.

9.2 Using the Equality Commission’s screening criteria, no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.

9.3 This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.

9.4 This policy will be included in the Trust’s register of screening documentation and maintained for inspection whilst it remains in force.

9.5 This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

10.0 Policy Implementation, Training and Education

10.1 Following approval by the Senior Management Team, this policy was circulated to all Trust staff by TBC.

10.2 TBC will ensure the provision of any necessary training with regard to this policy, including the provision of relevant Child Protection training.

10.3 A copy of this policy was placed on the Trust’s intranet on TBC.

10.4 All Trust Managers must ensure that relevant staff have access to this policy, understand its content and are aware of its aims and purpose.
immediately upon its release.

10.5 All Trust staff who are responsible for the checking of pregnancy before surgery must comply with this policy

11.0 Review of Policy

The Trust is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation.

This policy will be reviewed by the Checking Pregnancy before Surgery, X-Ray/Diagnostics & Chemotherapy Working Committee in 2013 or earlier if further guidance is issued. The review will be noted on a subsequent version of the policy, even where there are no substantive changes made or required.

12.0 Further Information

3. The Sexual Offences (N.I.) Order 2008
6. Diagnostics Protocol for the Checking of Pregnancy
Appendix 1

Rapid Response Report
NPSA/2010/RRR011
From reporting to learning 28 April 2010

Checking pregnancy before surgery

Issue
The possibility of pregnancy should be considered in all relevant female patients before surgery which could pose risks to mother or fetus. Preoperative assessment may take place weeks in advance of the planned operation and pregnancy status may change during the intervening time. The practice of checking and documenting current pregnancy status in the immediate preoperative period is inconsistent. Not all women at present have pregnancy status checked before surgery.

If a previously unknown pregnancy is detected, the risks and benefits of the surgery can be discussed with the patient. Surgery may be postponed or anesthetic and surgical approaches modified if necessary. In emergency situations, confirmation of pregnancy should not delay treatment and should be judged within clinical assessment of risk.

Evidence of harm
Between October 2003 and November 2008, the National Patient Safety Agency (NPSA) received 42 reports of patients undergoing a planned procedure without having a documented pregnancy check in the preoperative period. In three cases there was a spontaneous abortion following the procedure.

Reducing the risk of harm
This RRR reminds NHS organisations that existing preoperative assessment policies must include a check of possible pregnancy in the immediate preoperative period. The National Institute for Health and Clinical Excellence (NICE) issued guidelines on pre-operative testing in 2003; these are due for review in June 2010. NICE recommends pregnancy testing for women who say it is possible they could be pregnant. Testing may also be considered for other women. Informed consent should be obtained for testing. Other relevant guidance includes the Royal College of Obstetricians and Gynaecologists guidelines on obtaining consent (RCOG, 2006) and advice on checking pregnancy status before exposure to ionising radiation (Health Protection Agency, 2009) – see supporting information for details.

For IMMEDIATE ACTION by organisations undertaking surgery in the NHS and the independent sector
Deadline for ACTION COMPLETE is 28 October 2010

1. Local preoperative assessment policies should be reviewed to ensure that pregnancy status is checked within the immediate preoperative period in accordance with NICE guidelines.
2. The check should be recorded on preoperative documentation used by staff performing final clinical and identity checks before surgical intervention.
3. Organisations should demonstrate robust reporting of incidents where pregnancy checks have not happened and any associated actions that may come from this (which may include local audit).

*Normally all women who are menstruating, excluding surgery after miscarriage and other exceptions [see supporting information]*

Further information on this Rapid Response Report is available at www.nrls.npsa.nhs.uk/alerts. Further queries should be directed to rr@npsa.nhs.uk, telephone 020 7927 9810.

The NPSA has informed NHS organisations, the independent sector, commissioners, regulators and relevant professional bodies.

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Guidance for Checking Pregnancy before surgery, X-ray/Diagnostics & Chemotherapy Treatment
1.0 Introduction

The National Patient Safety Agency (NPSA) has advised that the possibility of pregnancy should be considered in all relevant female patients before surgery which could pose risks to mother or foetus. Preoperative assessment may take place weeks in advance of the planned operation and pregnancy status may change during the intervening time.

It is therefore imperative that the pregnancy status is checked within the immediate pre-operative period. The results of the pregnancy check should be recorded on the pre-operative documentation used by staff performing final clinical and identity checks before surgical intervention. Final check should take place in theatre during the WHO theatre checklist.

For purposes of this testing the definition of ‘relevant female patient’ include all females who have started menstruating, regardless of age. The particular considerations required in checking pregnancy status of Patients under 16 are highlighted in section 2 of this guidance.

In the first instance the clinician/nurse should check the pregnancy status of females of reproductive potential at outpatient clinic, pre-operative assessment etc and give advice on risks to mother and foetus of planned anesthetic, surgery or X-ray. Information leaflets should be given to the patient so that they are able to undertaken the reasons for the pregnancy check being carried out.

Staff should be sensitive to particular circumstances in which the question of possible pregnancy should not be asked such as women undergoing surgery for removal of retained products of conception (miscarriage).

Asking the question:

- Consideration should be given to the dignity of the patient.

- Privacy should be secured.

- All patients should be treated with respect, with staff being aware of the particular sensitivities of this subject.
2.0 The particular considerations required in checking the pregnancy status of patients under 16 years.

It is the responsibility of professionals to report concerns not to decide whether it is or is not child abuse. No one individual can make the decision that a child has been, or will be harmed (Regional Child Protection Policy and Procedures 2005, amended 2008 CH2:17).

**Asking the Question:**

- The following is intended as a good practice guide for staff.
- Consideration should be given to the dignity of the patient.
- Privacy should be secured.
- All patients should be treated with respect, with staff being aware of the particular sensitivities of this subject.
- The limits to confidentiality should be explained from the outset to those under the age of 16 years as there may be a need for further intervention and assessment. This ensures open and honest communication.
- Staff should consider that children and young people when presenting with their parents or guardians may not give truthful answers.
- If the patient is unable to provide the date of their last menstrual period staff should offer a urine pregnancy test.
- It is important for staff to recognise that there may be individuals who discover that they are pregnant through this process and will need reassurance and appropriate support as outlined in sections 1-3 below.
- Consideration should be given to the needs of those from ethnic minorities – family members should not be used to translate information. Staff should follow the guidelines available on the SHSCT intranet.
- Consideration should be given to the communication needs of individuals who have a sensory impairment or a learning disability.

It is the responsibility of staff to raise training issues with their line manager if required including the use of the UNOCINI referral form as outlined below.
2.1 The particular considerations required in checking the pregnancy status of children under the age of 13 years

The Sexual Offences (Northern Ireland) Order 2008 makes it clear that “sexual activity with a child under 13 is never acceptable, and that regardless of the circumstances there will be no recognition by the law of any consent issue involving children of this age. This means that all penetrative sex involving a child under 13 is automatically defined as rape” (Northern Ireland Office).

Children under 13 years should be asked in the presence of their parent or guardian “are you or might you be pregnant?” It should be explained to the child and their parent/guardian that there is a requirement to check for pregnancy before surgery and x-ray in all females who menstruate.

In all case where a child under 13 years is engaging in sexual activity an urgent child protection referral to the Hospital Social Work Department should be made in person or by telephone immediately.

- Professionals who make a verbal or telephone referral should confirm it in writing using the UNOCINI referral form within 24 hours. (Please refer to the SH&SCT intranet “Useful Links” and heading “UNOCINI”. Under “UNOCINI Forms” access form A1).

- The referring professional should place a copy of the UNOCINI in the young person’s hospital record.

- It is the responsibility of the referrer to obtain feedback on the outcome of the social work assessment and record the decisions in the young person’s hospital record.

- Nurses are required to inform the Child Protection Nurse Specialist and forward a copy of the UNOCINI referral form.

- A Strategy Meeting will always be required in such cases.

2.2 The particular considerations required in checking the pregnancy status of Young People aged from 13 - 16 Years

Young people from 13 – 16 years should be asked the question “are you or might you be pregnant?” in the presence of their parent or guardian. It should be explained that there is a requirement to check for pregnancy before surgery and x-ray in all females who menstruate.

Sexual activity with a child under 16 years is an offence; The Sexual Offences (Northern Ireland) Order 2008. A referral to the Hospital Social Work Department should be completed using the UNOCINI form for a risk/need assessment. The Hospital Social Worker will use the Risk Assessment Tool: Evaluating Young

- Professionals who make a verbal or telephone referral should confirm it in writing using the UNOCINI referral form within 24 hours. (Please refer to the SH&SCST intranet “Useful Links” and heading “UNOCINI”. Under “UNOCINI Forms” access form A1).

- The referring professional should place a copy of the UNOCINI in the young person’s hospital record.

- It is the responsibility of the referrer to obtain feedback on the outcome of the social work assessment and record the decisions in the young person’s hospital record.

- Nurses are required to inform the Child Protection Nurse Specialist and forward a copy of the UNOCINI referral form.

### 2.3 The particular considerations required in checking the pregnancy status of Young People aged from 16 to 18 Years

Young people from 16 to 18 years should be asked in private “are you or might you be pregnant?” It should be explained that there is a requirement to check for pregnancy before surgery and x-ray in all women who menstruate.

Although sexual activity in itself is not an offence over the age of 16 years young people under the age of 18 may still be in need of protection. Professionals still need to give consideration to issues of sexual exploitation through prostitution or abuse. “Power imbalances are very important and can occur through differences in size, age and development and where gender, sexuality, race and levels of sexual knowledge are used to exert such power” (Regional Child Protection P&P, Chapter 9.47). If the young person is pregnant she should be offered the support of the Hospital Social Worker and referred to other services for example the GP and Midwifery Services.

Professionals should explain ‘in a positive’ and sensitive way the reason for sharing information and provide reassurance that the young person’s information will be handled in a thoughtful and supportive manner. The unreliability of last menstrual period (LMP) as a sole indicator for potential for Pregnancy can be a problem and this must be highlighted to the patient. Advice on abstinence/ contraception may be required and guidance leaflet given.

### 3.0 Checking Requirements

#### 3.1 Immediate pre-operative period

It is imperative that the pregnancy status is checked within the immediate pre-operative period. The results of the pregnancy check should be recorded on pre-operative documentation used by staff performing final clinical and identity
checks before surgical intervention. Final check should take place in theatre
during the WHO theatre checklist.

When the patient attends for examination/procedure/surgery she should be
asked again whether or not she might be pregnant as above.

Breast feeding mothers may not resume their periods while they are
breastfeeding and should be offered a pregnancy test before surgery/x-
ray/chemotherapy.

3.1.1 Elective Surgery pathway

The Trust has developed an information leaflet to communicate to patients
the reasons why a pregnancy check must be carried out (Appendix 2A). Staff should give a copy of this information leaflet to the patient.

If the patient’s Last Menstrual Period (LMP) is within 28 days and the
patient states she could not be pregnant, pregnancy testing is NOT
required.

Exceptions to this include:

- If a test has been specifically requested by the clinician in charge of
  the patient’s care
- If the patient is scheduled for
  (d) Gynaecological Surgery
  (e) Urology Surgery
  (f) Surgical procedures that require the use of x-ray equipment (e.g.
    for the removal of foreign bodies).

A pregnancy test will be required to ensure that there is no risk of harm
to the foetus.

If the patient’s Last Menstrual Period is over 28 days or if the patient is
uncertain if pregnancy is possible, testing should take place following
consent.

3.1.2 Emergency surgical pathway

Where possible the patient will be questioned about their LMP. The Trust
has developed a specific information leaflet relating to emergency
admissions (Appendix 2B). If appropriate staff should give the patient a
copy of this information leaflet so that they understand the reasons for
carrying out this pregnancy check.

If the patient’s Last Menstrual Period is within 28 days and the patient
states she could not be pregnant, pregnancy testing is NOT required.
Exceptions to this include:

- If a test has been specifically requested by the clinician in charge of the patient’s care;
- If the patient is scheduled for
d) Gynaecological Surgery
e) Urology Surgery
(f) Surgical procedures that require the use of x-ray equipment
   (e.g. for the removal of foreign bodies).

A pregnancy test will be required to ensure that there is no risk of harm to the foetus.

If the patient’s Last Menstrual Period is over 28 days or if the patient is uncertain if pregnancy is possible, testing should take place following consent. The actual printout of the test result that is carried out in the Emergency Department must accompany the patient to the admission unit.

In emergency situations, confirmation of pregnancy should not delay treatment and should be judged within clinical assessment of risk.

### 3.1.3 Diagnostics pathway

In accordance with the IR(ME)R regulations (2000) if the patient’s Last Menstrual Period is within 10 days and the patient states she could not be pregnant, testing is NOT required for high dose X-ray investigations that include:

- Nuclear medicine
- CT abdomen and pelvis
- CT hysterosalpingogram

If the patient’s LMP is over 10 days or if the patient is uncertain if pregnancy is possible testing should take place following consent. Appendix C outlines the specific pregnancy testing that should be carried out within the specialist clinical field of Diagnostics.

It is important to indicate that whilst the IR(ME)R regulations state that pregnancy should be confirmed in female patients where the time from their last menstrual cycle exceeds 10 days all of the pregnancy tests that are currently available are only likely to detect hCG in urine at 14 days after conception (approximately 28 days since the last menstrual cycle).

It is important to highlight that confirmation of pregnancy should not delay treatment and should be judged within clinical assessment of risk.

### 3.1.4 Chemotherapy Pathway

The potential and risks for a patient to be or become pregnant prior to or during chemotherapy should be clearly discussed with patients undergoing chemotherapy. Previous testing for surgery or other investigation should
not be assumed to be acceptable due to the time delay between then and the commencement of chemotherapy treatment. Such testing will also apply to cytotoxic drugs that are used for non-cancer conditions such as rheumatoid arthritis and Crohn’s disease.

3.1.5 Use of Cytotoxic / Teratogenic Medications

i. Haematology

Within haematology a number of drugs are used which require multiple pregnancy tests to be carried out throughout the course of the patient’s treatment. Examples of such drugs include Thalidomide and Lenalidomide. Local clinical guidelines must be adhered to.

ii. Dermatology

The Trust also uses a number of teratogenic drugs for the treatment of dermatology conditions. Examples of such drugs include Isotretinoin for the treatment of acne, Acitretin for the treatment of psoriasis and Altretinion for the treatment of Eczema. A number of pregnancy testing regimes are in place for these drugs and local guidelines must be adhered to.

iii. Other non-cancer conditions (ie Crohn’s disease / Rheumatology

The Trust also uses a number of cytotoxic drugs for the treatment of non-cancer conditions. A number of pregnancy testing regimes are in place for these drugs and local guidelines must be adhered to.

4.0 Point of Care Testing for Pregnancy

The Trust’s procedure for point of care testing for pregnancy is available on the Trust’s intranet:


5.0 Documentation and checking prior to procedure

At each pre-operative clinical and identification check pregnancy status must be checked for all female patients who are menstruating. To ensure that the outcomes for the pregnancy checks are recorded on the appropriate assessment documentation a record should be made on the following:

- Accident and emergency documentation. The actual printout of the test result that is carried out in the Emergency Department must accompany the patient to the admission unit;
- Preoperative assessment booklet;
- Patient centred care record for both adults and children.
• NIPACS records;
• Chemotherapy documentation;
• Theatre documentation that will include the WHO surgical checklist.

In line with the Trust’s POCT Policy (2010) all pregnancy test results should be recorded in such detail as to allow unequivocal identification of the patient, the actual result, date and time of analysis, reagent lot/expiry date and the name of the analyst. This record must be in addition to records made in the patient notes, and where available should be electronic.

If a previously unknown pregnancy is detected, the clinician in charge of the patient must be informed. The risks and benefits of the surgery can be discussed with the patient by the clinician. Surgery may be postponed or anesthetic and surgical approaches modified if necessary. In emergency situations, confirmation of pregnancy should not delay treatment and should be judged within clinical assessment of risk.

Should the pregnancy test be positive the patient / parent / carer should be advised to attend GP for antenatal care or referred to gynaecology/obstetrics as appropriate if remaining an inpatient or if clinically indicated.

6.0 Further Information

12. Diagnostics – Protocol for the checking of Pregnancy
**Patient Information Leaflet: Checking Pregnancy before Elective Surgery, x-ray/diagnostic tests**

- The Trust routinely checks for a pregnancy in all menstruating females if booked for surgery or x-ray procedure. So when you are admitted into hospital, you will be asked questions regarding the date of your last menstrual period and recent sexual activity.

- You should be aware that all the contraceptive methods including sterilization have a failure rate therefore questions regarding your last menstrual period and recent sexual activity will be asked.

- A pregnancy check is carried out if there is any concern regarding a female patient who is booked for elective surgery or x-ray procedure.

- You should avoid pregnancy before any elective surgery as there is a small risk of complications including miscarriage.

- If you do get pregnant before any elective surgery please do not hesitate to contact the respective pre-operative assessment unit in Daisy Hill or Craigavon Area hospital (refer to contact details below).

- If you do get pregnant before any elective X-ray procedure please do not hesitate to contact the respective X-ray department in each of the hospital sites. The table below outlines the relevant contact details.

- You may be advised to stop the contraceptive pill days before surgery. Therefore it is in your best interest to avoid pregnancy by
  - Using condoms or
  - Avoiding intercourse after your last normal period which **IS THE BEST OPTION.**
If you have missed your normal period or if there is any uncertainty of your periods, we will offer you a urine pregnancy test on the day of your admission for surgery. This urine pregnancy test will be carried if you are booked for certain specialist surgery or x-ray procedures.

If the pregnancy test is positive or you have missed your period or in case of suspected pregnancy, your Consultant will be informed and the management options will be discussed with you. This may include whether or not the surgery should proceed.

**Contact numbers:**

<table>
<thead>
<tr>
<th>X-Ray Departments</th>
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</thead>
<tbody>
<tr>
<td>CRAIGAVON AREA HOSPITAL</td>
<td>DAISY HILL HOSPITAL</td>
<td>BANBRIDGE POLYCLINIC</td>
<td>PORTADOWN HEALTH CENTRE</td>
<td>ARMAGH COMMUNITY HOSPITAL</td>
<td>SOUTH TYRONE HOSPITAL</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>028 3833 4444 extension number 2215</td>
<td>028 3083 5000 extension number 2427</td>
<td>028 4062 1314</td>
<td>02838360437</td>
<td>028 3741 4535</td>
<td>028 7751 3488</td>
</tr>
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<td>028 3861 3025</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-operative Assessment units / Theatre Departments</th>
<th></th>
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<tbody>
<tr>
<td>CRAIGAVON AREA HOSPITAL</td>
<td>DAISY HILL HOSPITAL</td>
<td>SOUTH TYRONE HOSPITAL</td>
</tr>
<tr>
<td>028 3833 4444 extension number 4128</td>
<td>028 3083 5000 extension number 4665</td>
<td>028 8771 3496 (*only for those patients who are booked into STH)</td>
</tr>
</tbody>
</table>
Patient Information Leaflet: Checking Pregnancy before Emergency Surgery, x-ray/diagnostic tests

- The Trust routinely checks for a pregnancy in all menstruating females if booked for emergency surgery or x-ray procedure. So when you are admitted into hospital, you will be asked questions regarding the date of your last menstrual period and recent sexual activity.

- You should be aware that all the contraceptive methods including sterilization can have a failure rate and so these questions will still be asked regarding the date of your last menstrual period and recent sexual activity.

- If you have missed your normal period or if there is any uncertainty of your last period, the Trust will offer you a urine pregnancy test on the day of your admission for surgery.

- If the pregnancy test is positive or you have missed your period or in case of suspected pregnancy, your Consultant will be informed and the management options with be discussed with you.
Checking of Pregnancy before Surgery, X-Ray/Diagnostics and Chemotherapy Committee

Terms of Reference

Introduction
The National Patient Safety Agency (NPSA) has advised that the possibility of pregnancy should be considered in all relevant female patients before surgery which could pose risks to mother or foetus.

Preoperative assessment may take place weeks in advance of the planned operation and pregnancy status may change during the intervening time. It is therefore imperative that the pregnancy status is checked within the immediate pre-operative period.

The results of the pregnancy check should be recorded on pre-operative documentation used by staff performing final clinical and identity checks before surgical intervention. Final check should take place in theatre during the WHO theatre checklist.

Aim
The aim of this Checking of Pregnancy before surgery, x-ray and chemotherapy Committee is to provide the framework to ensure that the Trust complies with current legislation and best practice guidelines for checking of pregnancy before surgery, x-ray and chemotherapy. Its remit will include the following:

- To ensure that all females who have started menstruating (regardless of age) are checked to determine if they are pregnant in the immediate pre-operative period or immediately prior to radiological screening;
- To ensure that all females who have started menstruating (regardless of age) are given suitable information advising them of the need for pregnancy checks to be varied out.
- To ensure that the outcomes for the pregnancy checks are recorded on the appropriate assessment documentation. This will include a record being made on the preoperative assessment booklet, patient centred care record documentation and the theatre documentation that will include the WHO surgical checklist;
- The Trust has robust policies and procedures in place to support the NPSA alert recommendations and relevant safeguarding of children legislation;
To effectively manage the risks of harm to the mother or foetus associated with surgery when pregnant.

**Constitution**

<table>
<thead>
<tr>
<th>Designation</th>
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<tbody>
<tr>
<td>Assistant Director of Surgery and Elective Care</td>
</tr>
<tr>
<td>Clinical Standards and Guidelines manager</td>
</tr>
<tr>
<td>Head of Service Surgery and Elective Care</td>
</tr>
<tr>
<td>Head of Service Cancer and Clinical Services (theatres and anaesthetics)</td>
</tr>
<tr>
<td>Head of Social Service</td>
</tr>
<tr>
<td>Head of Cancer and Clinical Services (Cancer)</td>
</tr>
<tr>
<td>Lead Nurse for outpatients</td>
</tr>
<tr>
<td>Lead Nurse for Accident and Emergency</td>
</tr>
<tr>
<td>Lead Midwife</td>
</tr>
<tr>
<td>Lead Nurse for CYP</td>
</tr>
<tr>
<td>Ward manager Integrated Maternity, Women’s Health and Neonatology</td>
</tr>
<tr>
<td>Ward manager Surgery and Elective Care</td>
</tr>
<tr>
<td>Theatre/day Surgery Manager</td>
</tr>
<tr>
<td>Consultant Clinical Scientist/POCT coordinator</td>
</tr>
<tr>
<td>Radiographer locality lead</td>
</tr>
<tr>
<td>SEC project manager</td>
</tr>
<tr>
<td>Medical representative from IMWH</td>
</tr>
<tr>
<td>Named Nurse for Safeguarding Children</td>
</tr>
</tbody>
</table>

The membership the Committee will be chaired by the Assistant Director of Surgery and Elective Care. In addition, the Trust Assistant Direct of Governance will be included in the agenda distribution and minutes for the committee and will be free to attend any meetings.

The Checking of Pregnancy before surgery, x-ray and chemotherapy may extend invitations to other Trust members or outside agencies as it considers necessary.

**Quorum & Meeting Frequency**

A meeting will be quorate if six members are present. If members cannot attend, they will be expected to send an appropriate deputy.

The committee will meet on a yearly basis.

**Reporting Arrangements**

Reporting incidents to Trust IR1 system and Acute and CYP directorate governance meetings.
Objectives

1. The Committee must ensure that the Trust’s Checking of Pregnancy before surgery, x-ray and chemotherapy is updated on a regular basis in line with Trust policies and procedures.

2. The Committee will ensure that national guidance Checking of Pregnancy before surgery, x-ray and chemotherapy is followed.

3. A multidisciplinary audit procedure will be set up to review practice within the Trust and identify practice improvement.

4. All adverse events relating to checking pregnancy before surgery must be reported back via the IR1 process to the Trust Governance systems for review, learning and action plan.

5. Incident reports pertaining to Checking of Pregnancy before surgery, x-ray and chemotherapy will be reviewed at Committee meetings and Trust wide improvements commissioned to provide appropriate risk management control.

6. A multidisciplinary audit procedure will be set up to review practice within the Trust and identify practice improvement.

7. Training needs for all staff groups working with Checking of Pregnancy before surgery, x-ray and chemotherapy will be kept under review to ensure that the Trust’s training programmes are providing suitable competency training and reflecting ongoing practice improvement.

8. Extraordinary meetings may be called as necessary to address Risk Management issues.

Review of the Terms of Reference

The terms of reference will be reviewed every two years.
PROTOCOL FOR CHECKING PREGNANCY STATUS (within Diagnostics)

DOCUMENT CONTROL

<table>
<thead>
<tr>
<th>Author</th>
<th>Catherine McGrath, Bronagh McCaughley, Andrene Graham</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue Date</td>
<td>1 April 2011</td>
</tr>
<tr>
<td>Review Date</td>
<td>1 April 2012</td>
</tr>
<tr>
<td>Distribution</td>
<td>Radiography Staff, SHSCT.</td>
</tr>
</tbody>
</table>
1. The pregnancy status must be checked of all females aged 12 – 55 years, undergoing procedures where the uterus lies in or near the primary beam.

2. The 28-day rule is applied for low dose procedures and the 10-day rule for high dose procedures. Refer to SHSCT Employers Procedures, section E, for definitions of high and low dose procedures. (Appendix 1).

3. The patient completes the pregnancy status checklist, which is signed and dated by both the patient and the operator (Appendix 2).

4. The examination may then be performed, if justified.

5. The LMP check must be recorded in RIS; otherwise a reason needs to be documented for not recording e.g. the patient is postmenopausal or has had a hysterectomy.

6. A ‘Doc scan’ label is printed for this examination and attached to the pregnancy checklist form.

7. The form is scanned into the patient’s PACS file using the IDS7 programme and a check made that it is visible on this system.
8. If it is not possible to determine the patient’s pregnancy status e.g. due to mental impairment, then justification to proceed with the examination should be sought from the Radiologist during normal working hours or the senior Medical Officer outside of normal working hours.

See SHSCT Employers Procedures (Appendix 1).
Appendix 1

E. PROCEDURE FOR MAKING ENQUIRIES OF FEMALES OF CHILDBEARING AGE IF THEY ARE OR MAY BE PREGNANT OR BREAST FEEDING

The referrer must provide details of the pregnancy/breast feeding status of the patient on the e-referral or request form.

- Areas remote from the fetus may be safely x-rayed at any stage of pregnancy with good collimation and properly shielded equipment (e.g. Chest, Skull, Hand, CT Head)

- Where the uterus lies in or near the primary beam or for nuclear medicine procedures, female patients between the ages of 12 – 55 must be asked by the operator undertaking the exposure or administering the radiopharmaceutical about the possibility of pregnancy before proceeding with the medical exposure.

- The following notice must be prominently displayed in the waiting area and on the door of each cubicle:

  **Ladies, If you think you are/or may be pregnant please be sure to inform the Radiographer before you are x-rayed. Thank You.**

HIGH DOSE PROCEDURES

- Where the uterus lies in or near the primary beam, in radiographic or radiological high dose procedures should be limited to the first 10 days of the menstrual cycle. High dose procedures are:
  - C.T. Abdomen and Pelvis
  - \(^{99m}\)Tc bone scan if follow up CT scan could be performed
  - \(^{111}\)In pentetreotide Somatostatin receptor imaging

- The date of 1st day of the last menstrual cycle should be recorded in RIS by the operator undertaking the medical exposure. In addition the signed 'Pregnancy status check list' must be scanned into RIS.

- Patients requiring high dose procedures (defined above) who are identified to be outside the 10th day of the menstrual cycle should have their examination deferred unless the practitioner justified the examination in terms of urgency or they may have the procedure carried out if they can satisfy any of the following criteria and are prepared to sign a statement to this effect.
If a patient states any of the following:-

1. She has been sterilised more than three months previously or
2. She has not put herself at the risk of becoming pregnant or
3. She is aged 50 or over with no periods for at least a year
4. She has had a negative Beta hCG Pregnancy test (requiring a clotted blood sample)

The above response must be recorded on the SHSCT pregnancy status form which must be signed by the patient before being scanned into RIS.

In emergency/trauma circumstances it may not be possible to determine pregnancy status. During normal working hours justification to proceed with the examination must be sought by contacting the Radiologist on call. Justification may be given verbally by telephone and this must be recorded in RIS. Outside normal working hours justification to proceed with the examination must be sought from the most senior Medical Officer available at the time. Justification may be given verbally by telephone and this must be recorded in RIS.

LOW DOSE PROCEDURES (Where the uterus lies in or near the primary beam)

For other examinations where the pelvis is irradiated (or radioisotope imaging) the 28 day rule should be applied. If the period is overdue the practitioner should review the justification and document in RIS any decision taken, or the patient may have the procedure carried out if they can satisfy any of the following criteria and are prepared to sign a statement to this effect.

If a patient states any of the following:-

1. She has been sterilised more than three months previously or
2. She has not put herself at the risk of becoming pregnant or
3. She is aged 50 or over with no periods for at least a year
4. She is receiving chemotherapy and has had no periods during this treatment
5. She is undergoing Hormone Replacement Therapy and has had no periods during this treatment.
6. Negative result of a urine sample based pregnancy test (for radiation protection purposes this is only considered sensitive after first missed period)
7. Negative Beta hCG Pregnancy test (requiring a clotted blood sample)
8. Contraceptive methods

The above response must be recorded on the SHSCT pregnancy status form (Appendix 3) which must be signed by the patient before being scanned into RIS.

ADDITIONAL POINTS FOR BOTH LOW & HIGH DOSE EXAMINATIONS

- In emergency/trauma circumstances it may not be possible to determine pregnancy status. Treatment of the patient is the most important consideration; taking priority over possible risk to the fetus, however the operator should ensure the dose to the uterus should be kept to a minimum, consistent with the diagnostic purposes.

- For a female who is breast feeding, the operator about to administer the radiopharmaceutical must follow the guidelines given in procedure J.
• If a patient is exposed and subsequently found to be pregnant the situation should be discussed with the RPA who will provide the appropriate advice.

• In theatre, for the unconscious or premed patient, the radiographer undertaking the exposure will obtain the pregnancy status from with the nurse in charge of theatre and document this in RIS.

Confirmation that this procedure has been followed should be documented in RIS by the operator carrying out the medical exposure.
Appendix 2

Pregnancy status check list

This section must be completed for a female aged between 12-55 years for a procedure in which the primary X-ray beam irradiates the pelvis/abdominal area or for a radioactive isotope procedure.

Ask the following questions:

Q1. What was the date of the first day of your last menstrual period?
Q2. Is your menstrual period overdue?
   Yes†
   No†

Q3. Are you or might you be pregnant?
   Definitely not pregnant †
   Definitely pregnant †
   Might be pregnant †

Signature of patient: ______________________________
Date: _________________________________________
Operator’s initials ______________________________

If patient pregnant or might be pregnant, review and justify before continuing.

Proceed with examination?

Yes†
No†

Practitioners initials ______________

Pregnancy test performed by: ______________________________

Result: Negative†  Positive†