I. **PURPOSE:**
To provide guidelines for pregnancy screening and testing in order to minimize unintended and potentially harmful exposures

II. **POLICY STATEMENT:**
A. Pregnancy screening and/or testing will be completed prior to specific non-emergent clinical services on all female patients aged of 12 through 60.

B. Screening and testing are conducted consistently for all eligible patients receiving a specific exam or procedure. Based on risk/benefit, screening is used for some exams/procedures, and testing is required for others. See details below.

C. If screening/testing establishes that a patient is pregnant (or results are indeterminate), the patient’s ordering physician or primary care physician (or mid-level provider), as appropriate, is consulted to determine if and how to proceed with the exam/procedure.

D. Note; these guidelines are intended to be used in combination with clinical judgment and informed patient consent. Clinicians and patients should be aware that no screening and testing policy can guarantee 100% pregnancy detection.

III. **PERSONS AFFECTED:**
This policy applies to all direct patient care providers and eligible patients.

IV. **PROCEDURAL RESPONSIBILITIES:**
A. Pregnancy testing is required for all female patients between the ages of 12 and 60 inclusive who meet any one of the following criteria:
   1. Admitted to the hospital (inpatient or observation)
   2. Undergoing surgery or an invasive procedure with anesthesia

   Exceptions:
   a. Patients who are pregnant or have delivered a baby within the last 7 days are exempt from pregnancy testing.
   b. Patients who have undergone a hysterectomy are exempt from pregnancy testing.
   c. Patients admitted for a planned dilation and curettage for a missed abortion are exempt from pregnancy testing.
   d. Female patients between the ages of 51-60 who indicate they are not pregnant or trying to become pregnant are exempt from pregnancy testing.
B. Pregnancy **screening** is required for all female patients between the ages of 12 and 60 inclusive prior to:

1. **Diagnostic radiology exam or procedure with ionizing radiation or radiopharmaceuticals**
   a. Certain radiological exams render exposures to a pregnant uterus that are so low that pregnancy status need not be considered as part of the decision to proceed with a medically indicated examination. Refer to Appendix A: Radiological Examination Exceptions.
   b. Diagnostic radiology patients who refuse pregnancy testing when it is required will be asked to sign a declination of pregnancy testing form (#504291) in order to proceed with the exam.
      i. The radiologist will be notified of pregnancy testing refusal. Refer to Appendix B: Radiological Examination Declination Form #504291.

2. **Invasive procedure with sedation (e.g. colonoscopy)**

3. **Treatment in the emergency department**

4. **Pregnancy Screening Questions:**
   a. Are you pregnant or trying to become pregnant?
   b. Is there a possibility that you may be pregnant?
   c. Have you had a hysterectomy?
   d. What is the date of your last period?

5. Screening of patients between the ages of 51-60 may end after the first above question if the patient indicates she is not pregnant and is not trying to become pregnant.

6. If screening indicates the patient may be pregnant, is trying to become pregnant or >28 days have elapsed since last period, a pregnancy test will be performed.

7. If unable to screen patient, testing should be performed. For emergent exams, test may be deferred at the direction of the ordering physician.

C. Any female patient may be tested for pregnancy if indicated by the patient’s situation and/or the diagnostic test or treatment to be performed.

D. The type of pregnancy test (e.g. urine or blood) is at the discretion of the ordering practitioner; there may be departmental protocols as well.

E. Disclosure of Positive Pregnancy Test Results:

1. If the pregnancy test is positive, staff will notify the patient’s ordering physician or attending physician (or mid-level provider), who will discuss the result with the patient. If the patient is scheduled for a test/procedure, the physician will discuss whether to continue.

2. If the patient and physician determine it is in the best interest of the patient to continue with the test/procedure, the physician will verify and document in the medical record that:
   a. The patient understands she is pregnant
   b. The risks and benefits of continuing with the procedure in light of the pregnancy have been discussed with the patient
   c. The alternatives to continuing with the procedure have been reviewed
   d. The patient and physician agree with the procedure.

F. Refusal of pregnancy test:

1. If the patient refuses pregnancy testing, the attending physician will be notified.
2. If the patient has a test/procedure scheduled and wishes to proceed, the physician will assess the potential risks and benefits. If the physician determines it is in the best interests of the patient to proceed with test/procedure, s/he will:
   b. Document the following elements in the medical record:
      i. The patient’s refusal to complete a pregnancy test and reason given;
      ii. Discussion with patient of the risks and benefits of continuing with the test/procedure in light of the possible pregnancy, and alternatives to continuing with the test/procedure.

V. DEFINITIONS:

A. Pregnancy screening: Questions asked that indicate whether a patient may be pregnant.
B. Pregnancy testing: Blood or urine test that indicates whether or not a patient is pregnant
   1. Urine: Results are qualitative → positive or negative
   2. Blood, results are quantitative, measuring the level of hCG in the blood.
      a. <5 generates the comment: Negative for the diagnosis of pregnancy
      b. >25 generates the comment: Positive for the diagnosis of pregnancy
      c. ≥5 and ≤25 generates the comment: Indeterminate for the diagnosis of pregnancy. In this case, it may be helpful to contact lab, consult OB and repeat the test at a specific interval.
C. Hysterectomy: Removal of the uterus. A “partial” hysterectomy generally indicates the patient’s uterus was removed but ovaries were retained, and qualifies as a hysterectomy.
D. NOTE: Patients who have had their ovaries removed but still have their uterus should be screened for pregnancy.

VI. POLICY UPDATE SCHEDULE:
This policy will be updated every five years or more often as appropriate.

VII. RELEVANT REFERENCES:


VIII. APPENDICES:

Appendix A: Radiological Examination Exceptions
Appendix B: Radiological Examination Declination Form # 504291
IX. **APPROVAL:**

Responsible Party: Carol Payson  
Director, Patient Care

Reviewers: Directors of Patient Care  
Director, Radiology  
Chief, Maternal Fetal Medicine  
Medical Director, Ambulatory Surgery Center  
Managers, Nuclear Medicine; Radiation Oncology; Cardiac Cath. Lab; Echocardiogram; G.I. Lab

Committees: Nursing Practice Committee, July 5, 2011  
Patient Care Committee, January 19, 2012  
Medical Executive Committee, February 13, 2012

Approval Parties: Michelle Janney  
Chief Nurse Executive  
Electronic approval: 02/20/2012  

Gary A. Noskin, M.D.  
Associate Chief Medical Officer  
Electronic Approval: 02/13/2012

X. **REVIEW HISTORY:**
Written: 05/19/2011
APPENDIX A: RADIOLOGICAL EXAMINATION EXCEPTIONS

I. EXCEPTIONS TO PREGNANCY TESTING:

A. Some radiological examinations render exposures to a pregnant uterus that are so low that pregnancy status need not be considered as part of the decision to proceed with a medically indicated examination, so long as the beam is properly collimated and the patient is positioned to avoid direct irradiation of the pelvis. Such studies include:
   1. Radiographs (x-ray) of the chest, thoracic spine and ribs during the first and second trimester;
      a. In the third trimester, these exams are likely to expose part of the conceptus to the direct beam, but the exams can proceed when needed and when good technique is employed because the dose to the conceptus remains very low. Consent for the procedure is needed to proceed for these exams.
   2. Extremity radiography (with the exception of the hip).
   3. Any non-contrast radiologic diagnostic examination of the head and neck (e.g., head CT, c-spine series).

B. All other exams involving direct exposure of the pelvis to ionizing radiation require screening for pregnancy status prior to beginning the exam.

C. Procedures involving the use of fluoroscopy to the abdominal and pelvic area require pregnancy testing.

D. Patients who refuse pregnancy testing when it is required will be asked to sign a declination of pregnancy testing form (form # and link) in order to proceed with the exam. The radiologist will be notified of pregnancy testing refusal.

II. RELEVANT REFERENCES:


APPENDIX A: Brenda Schmitz
Radiological Examination Exceptions Radiology Clinical Practice Consultant

Effective Date: 12/9/2013

APPROVAL: Eric Russell MD
Chair, Department of Radiology
Electronic Approval: 12/02/2013

REVIEW HISTORY:
Written: 11/14/13
APPENDIX B: RADIOLOGICAL EXAMINATION DECLINATION FORM # 504291

Northwestern Memorial Hospital

Northwestern Memorial Hospital
Department of Radiology

PREGNANCY TESTING DECLINATION FORM

It is very important that we know if there is any chance you may be pregnant before we obtain x-rays, CT scans, MRI scans, or administer certain diagnostic contrast agents. **We recommend a test if you have any doubt of your pregnancy status. There is no charge for this urine pregnancy test, and it only takes a few minutes.**

Please Note:

- **Ionizing radiation** can be harmful to a fetus. The effects of a **magnetic field** during an MRI exam on a fetus are unknown.
- Women who are pregnant or suspect that they are pregnant should not have an exam using these technologies, unless the benefits of the exam are greater than the risks. This is decided by the patient and their doctor.
- Northwestern Memorial Hospital requires confirmation of pregnancy/non-pregnancy for females of childbearing age (10–60 years old) prior to performing a radiological exam. If you wish to decline the pregnancy test, please complete this form.

Please check the boxes below that apply to you. If you have any questions please ask the radiology nurse or radiologic technologist, or consult your own physician:

- [ ] I am certain that I am not pregnant.
- [ ] I have declined a pregnancy test and have decided to proceed with my examination.
- [ ] I am pregnant, but have decided to proceed with my examination.

By signing below, I agree that marked statements above are true and hereby release Northwestern Memorial Hospital and any of its agents, clinicians and employees from any complications that may occur from exposure to ionizing radiation or a magnetic field, and assume responsibility for my decision to undergo the procedure/exam. In addition, I acknowledge that I have been given the opportunity to ask questions about the proposed imaging procedure, and its risks and alternatives.

Patient Signature ___________________________ Date ____________ Time ________

Patient Name (Print) ___________________________

Staff Signature ________________________________ Date ____________ Time ________