

FACILITY: Reading Hospital	
MANUAL: Department of Radiology	FOLDER: General
TITLE: Imaging Pregnant Patients	DOCUMENT OWNER: All Managers
DOCUMENT ADMINISTRATOR: Administrative Director and Department Chair	KEYWORDS: Imaging, pregnant
ORIGINAL DATE: 1/2014	REVISION DATE(S): 8/21/18, 8/21/20

SCOPE:
Department of Radiology

PURPOSE:
To ensure patient safety, all females between the ages of 11 to 55 years of age will be interviewed by the technologist as to the possibility of pregnancy before any radiologic procedure is performed.

To provide an established guideline when requested to image a known or potentially pregnant patient.

POLICY:
Imaging procedures will be performed during pregnancy to address important clinical problems.

A risk versus benefit analysis should be conducted to determine whether the requested examination could safely wait until the end of the pregnancy.

- The final decision to proceed must reside with the attending physician, in consultation with the radiologist when such services are utilized. That is, the attending physician must retain full and complete discretion to decide each case according to their judgment. Only they should determine when need for these diagnostic studies transcends the involved risk.

DEFINITIONS:
MRI – Magnetic Resonance Imaging
CT – Computed Tomography

PROCEDURE:
Guidelines provided for specific modality imaging processes.

MR Imaging

The radiologist reviews to determine if the study is appropriate based on the history given and/or conversation with the patient's physicians. Whenever possible, contrast administration should be avoided on pregnant patients.

Nuclear Medicine

Follow Nuclear Medicine Specific Policy

CT & X-Ray Imaging

Direct Fetal Imaging in the Known Pregnant Patient

Direct Fetal Imaging in the Known Pregnant Patient

1. Patient Education must occur.

A patient education form is available (RH4745 12.17 & RH4745S 12.17) to inform the patient of the imaging examination using ionizing radiation. The patient education form and information communicated with the patient accurately communicates the benefits and risks posed by the procedure, in language understandable to the layman. The education form does not require signature.

2. Written consent must be obtained when direct imaging of the fetus will occur.

- Written Consent is required when the fetus will be directly imaged. The organizational Consent for Procedure RH 3541 should be utilized.
 - **Outpatients** – The *radiologist* is responsible for obtaining written consent.
 - **Inpatients**- The *ordering physician* is responsible for obtaining written consent.
 - **ED Patients**- The *ED physician* is responsible for obtaining written consent.

3. Exceptions: Trauma Alerts/Response: Patients as the criticality of the mother takes precedence.

Imaging the Known Pregnant Patient Without Direct Fetal Imaging

1. All female patients of childbearing age are screened for pregnancy when they arrive for the exam.
2. For non-general imaging (ex: Fluoro procedures, CT imaging), if the study cannot wait, the technologists should consult a radiologist for further instruction to proceed.

Exceptions:

- **Chest x-ray:** The policy is to routinely perform a PA chest only with proper anterior and posterior shielding of the abdomen and then show this film to a radiologist who determines if a lateral view is needed.
- **CT Brain without contrast and CT Cervical Spine without contrast:** The policy is to routinely perform physician ordered non-contrast brain imaging without Radiologist approval. As well CT Cervical spine imaging is performed without Radiologist approval.
- **CT Chest for Pulmonary Embolus:** The policy is to routinely perform this procedure with contrast. Radiologist approval is not required.

Imaging the Possible Pregnant Patient without Direct Fetal Imaging

1. All female patients of childbearing age are screened for pregnancy when they arrive for the exam.
2. If there is possibility the patient could be pregnant, and the study can wait, the patient should be rescheduled until she menstruates or has a negative pregnancy test.

Exception:

Patients for general imaging, the procedure may be performed as all female patients are shielded during imaging from infancy to menopause. For Chest x-ray imaging follow the exception imaging.

For non-general imaging, if the study cannot wait, the technologist should consult a radiologist for further instruction to proceed, as the area of imaging may not involve the fetus. For CT Brain and or CT Cervical Spine without contrast, CT Pulmonary embolus follow the exception imaging.

Imaging the Pre-Menopausal Possible Pregnant

1. Direct Fetal Imaging
Patient states “no” to any chance of pregnancy; however, the last menstrual period is greater than 30 days.
 - If patient is on birth control, proceed with imaging.
 - If patient is not on birth control, do not proceed with imaging without Radiologist discussion and approval
2. Indirect Fetal Imaging
 - If patient is on birth control, proceed with imaging.
 - If patient is not on birth control, do not proceed with imaging without Radiologist discussion and approval; unless an exception rule would apply, or the patient is having general imaging, the procedure may be performed as all female patients are shielding during imaging from infancy to menopause.

GUIDELINE:

PROVIDER PROTOCOL:

EDUCATION AND TRAINING:

REFERENCES:

ACR Guidance Document on MR Safe Practices: 2013

ACR Practice Guidelines for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation

How Radiation from a Pelvic X-Ray or CT Scan May Affect Your Unborn Child RH4745 & RH4745S

COMMITTEE/COUNCIL APPROVALS:

Department of Radiology, Chair; Department of Radiology, Administrative Director; Department of Radiology, Operations Manager; Department of Radiology

CANCELLATION:

The content of this document supersedes all previous policies/procedures/protocols/guidelines, memoranda, and/or other communications pertaining to this document.