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The Ionising Radiation (Medical Exposure) Regulations 2017, IR(ME)R
Radiology Department Employer's Procedures

EP-6: Procedure for establishing whether any individual of child bearing capacity aged between 12 and 55 may be pregnant or breastfeeding

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Version	Issue Date	Amendment summary
1.0	Aug 2015	First issued as Health Board-wide Radiology document
2.0	Oct 2018	Document format changed to reflect requirements of revised document control procedure.
2.1	Aug 2019	Changes made to identification of employer and approver
3.0	May 2022	Corporate Safeguarding Team contact details updated Header/ footer format changed

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4.0	May 2024	Revision of procedure for establishing pregnancy or breastfeeding in nuclear medicine examinations Procedure for checking pregnancy/breastfeeding when there is more than one operator
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Purpose

To prevent unnecessary irradiation of a foetus or breastfeeding infant from a medical exposure by ensuring enquiries with regard to pregnancy and breastfeeding are made in an appropriate, consistent and inclusive manner.

Scope

All individuals of child bearing capacity aged between 12 - 55 years where the primary beam may irradiate the abdominal and pelvic regions or any nuclear medicine examination.
Nuclear medicine examinations of patients who may be breastfeeding.

Responsibility

The *operator* initiating the X-ray exposure is **responsible for ensuring the final check of pregnancy has been made** before proceeding.

The *operator* administering radioactive material is **responsible for ensuring the final check of pregnancy and breastfeeding has been made** before proceeding.

Procedure

1. Ask the patient whether they may be pregnant.
2. If the patient states that they are **NOT** pregnant and sign the “No” box in the Pregnancy Section on the radiology referral form, obtain the patient’s signature and proceed with the exposure.
3. If the patient states that they are definitely/ probably **are** pregnant:
 - 3.1 Contact the *referrer* to check if the procedure is not urgent and may be safely deferred.
 - 3.2 If the procedure **cannot** be deferred justification will only be provided by a Consultant Radiologist. Contact the Consultant Radiologist and record the outcome of the decision on the referral form.
4. If the patient states that they are **UNCERTAIN**:
 - 4.1 Ask for the date of LMP. Record the date in the “LMP” box on the referral form.
 - 4.2 For **HIGH DOSE EXAMINATIONS** (listed in Table 1)
 - If the LMP date is within 10 days of the proposed examination date, proceed with the exposure.
 - If the LMP date is over 10 days contact the *referrer* to check if the procedure is not urgent and may be safely deferred.
 - If the procedure **cannot** be deferred, then justification must be obtained from a Consultant Radiologist and the outcome documented on the referral form.

- Consideration should be given to performing a pregnancy test in discussion with *referrer* and *practitioner* justifying examination.

Table 1 High Dose Examinations

CT Pelvis, CT Abdomen, CT Lumbar Spine

These examinations, identified in the document *Protection of Pregnant Patients during Diagnostic Medical Exposures to Ionising Radiation (HPA March 2009)*, could result in a foetal dose greater than 10mGy and an approximate doubling of the natural baseline risk of childhood cancer.

4.3 For **LOW DOSE EXAMINATIONS** (Any examination **not** listed in Table 1)

- If the LMP date is within 28 days of the proposed examination date proceed with the exposure.
- If the LMP date is over 28 days contact the *referrer* to check if the procedure is not urgent and may be safely deferred.
- If the procedure **cannot** be deferred, then justification must be sought from a Consultant Radiologist and the outcome documented on the referral form.
- Consideration should be given to performing a pregnancy test in discussion with *referrer* and *practitioner* justifying examination.

5. For **nuclear medicine examinations**:

5.1 In addition to pregnancy, ask the patient if they are breastfeeding.

5.2 If the patient is breastfeeding seek advice from the nuclear medicine *practitioner* (ARSAC licence holder). This information must be recorded on the referral form.

5.3 If the nuclear medicine patient is pregnant, seek advice from the IR(ME)R practitioner (ARSAC licence holder). This information must be recorded on the referral form.

5.4 The referral cannot be authorised under Delegated Authorisation Guidelines. Refer to EP 14 'Procedure for the provision of information and written instructions to patients undergoing diagnosis with radioactive materials' for instructions for breastfeeding patients having radiopharmaceutical administrations.

5.5 Breastfeeding is not included in the attached flow chart.

5.6 Where there is more than 1 operator involved, the *operator* initiating the exposure or administering the radioactive material is **responsible for ensuring the final check of pregnancy status** has been made before proceeding.

6. If an individual is lacking capacity and is unable confirm their pregnancy status, a urine hCG test should be requested before the procedure takes place.

7. If an individual has a sensory impairment (e.g., deaf or blind) and cannot verbally confirm their pregnancy status; confirm status using written cards, braille or sign language to assist active process. Call the Welsh Interpretation and Translation Service on: 02920 537 555 to organise for a BSL interpreter.

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8. If an individual speaks an alternative language, use Language Line: 0845 310 9900 with ID code L29027.
9. For **patients unable to communicate** through illness, physical or mental capacity issues, or language barrier, all questions related to pregnancy will be addressed to an accompanying person. (*Translation services can be contacted on 0845 3109900*).
10. In the case of children, the parent/guardian or responsible adult will be advised of the procedure but not the outcome.
11. For **patients under 16 years of age** who have confirmed possibility of pregnancy, the *operator* must explain to the child that the staff have a duty to report any safeguarding concerns as per 'Wales Safeguarding Procedures, 2019' and that they will be contacting the SBUHB Corporate Safeguarding Team for advice.

The Corporate Safeguarding team can be contacted on 01639 683164 Monday to Friday between 8am-8pm. Outside of these hours staff should contact the relevant Local Authority directly (contact details available on the 'Corporate Safeguarding Team share point' on the Health Board intranet.

For **patients under 13 years of age** who have confirmed the possibility pregnancy, it should be noted that a child under 13 years cannot consent to sexual intercourse and this would be deemed as statutory rape and this would need to be reported to the police.

If an individual speaks an alternative language, use Language Line: 0845 310 9900 with ID code L29027.

12. The **pregnancy status of patients in Theatre** will be obtained from Surgical/Theatre staff. This must be recorded on the X-ray request form. If pregnancy status cannot be established advice must be sought from a Consultant Radiologist.
13. The **pregnancy status of patients in life-threatening situations** may be disregarded by the *practitioner* in the interest of patient management. This clinical reason must be recorded on the X-ray referral form.

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Pregnancy Decision Diagram

