

**EP-8**

Procedure for establishing whether an individual of childbearing capacity may be pregnant or chestfeeding



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

**EP-8: Procedure for establishing whether an individual of childbearing potential may be pregnant or chestfeeding**

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<b>Document version control</b>		
<b>Version</b>	<b>Issue Date</b>	<b>Amendment summary</b>
1.0	June 2015	First issued as new document to cover all Hywel Dda sites.
2.0	Oct 2018	Document format changed to reflect requirements of revised document control procedure.
3.0	Nov 2021	Modified instructions for chestfeeding patients. Procedure title changed to account for gender diversity.
4.0	July 2024	HIW Recommendation - Removed of gender specific language

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## Purpose

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

## Scope

Individuals of childbearing potential within the age range 12 - 55 years where the primary X-ray beam may irradiate the abdominal and pelvic regions or any nuclear medicine examination.

Nuclear medicine examinations of patients who may be chestfeeding.

## 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 chestfeeding has been made** before proceeding.

## Procedure

1. Ask the patient whether they are or may be pregnant.
2. If the patient states that they are **NOT** pregnant the operator signs the “No” box in the Pregnancy Section on the radiology referral form.
3. If the patient states that they **ARE** pregnant:
  - 3.1 Contact the *referrer* to check if the examination 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 and operator initials.
  - 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 the examination.

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Table 1 High Dose Examinations
<p><b>CT Pelvis, CT Abdomen, CT Lumbar Spine</b></p> <p>These examinations, identified in the document <i>Protection of Pregnant Patients during Diagnostic Medical Exposures to Ionising Radiation (HPA March 2009)</i>, could result in a foetal dose greater than 10mGy and an approximate doubling of the natural baseline risk of childhood cancer.</p>

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 examination is not urgent and may be safely deferred.
- If the examination **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 or CT examinations involving contrast** also ask the patient if they are chestfeeding. If they are chestfeeding follow the local standard operating procedure for the modality.

6. For **patients unable to communicate** through illness, physical or mental capacity issues, or language barrier, all questions relating to pregnancy will be addressed to an accompanying person or Translation Services contacted.

7. For **patients under 16 years of age**

- When establishing the pregnancy status of a child under 16 years of age the radiographer may explain what information is required to an accompanying parent. However, since “patient confidentiality is a fundamental feature of professional practice” (SOR 2005) the information provided should not be disclosed unless agreed by the patient, presuming the patient is considered competent to make this decision (see Gillick competence in SOR 2005).
- Should the patient confirm the possibility of pregnancy, the radiographer must explain to the child that the information is required to be shared with the referring doctor. Justification for any subsequent exposure will only be provided by a Consultant Radiologist.
- Note that if the patient is 16 or 17 years of age then the procedure will be the same as that for an adult.
- In addition, for **patients under 14 years of age** who have confirmed the possibility of pregnancy, the radiographer will inform a Midwife (Child Protection), in keeping with the All Wales Protocol for Safeguarding and Promoting the Welfare of Children who are at risk of Abuse through Sexual Exploitation. The radiographer may also inform a Safeguarding Children Clinical Nurse Specialist.

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8. The **pregnancy status of patients in Theatre** will be obtained from Surgical/Theatre staff. This must be recorded on the radiology referral form. If pregnancy status cannot be established advice must be sought from a Consultant Radiologist.
9. 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 radiology referral form.

**References:**

- Health Protection Agency (2009) *Protection of Pregnant Patients during Diagnostic Medical Exposures to Ionising Radiation*
- Society of Radiographers (2005) *The Child and the Law: the Roles and Responsibilities of the Radiographer*
- WAG (amended 2005) *All Wales Child Protection Procedures*

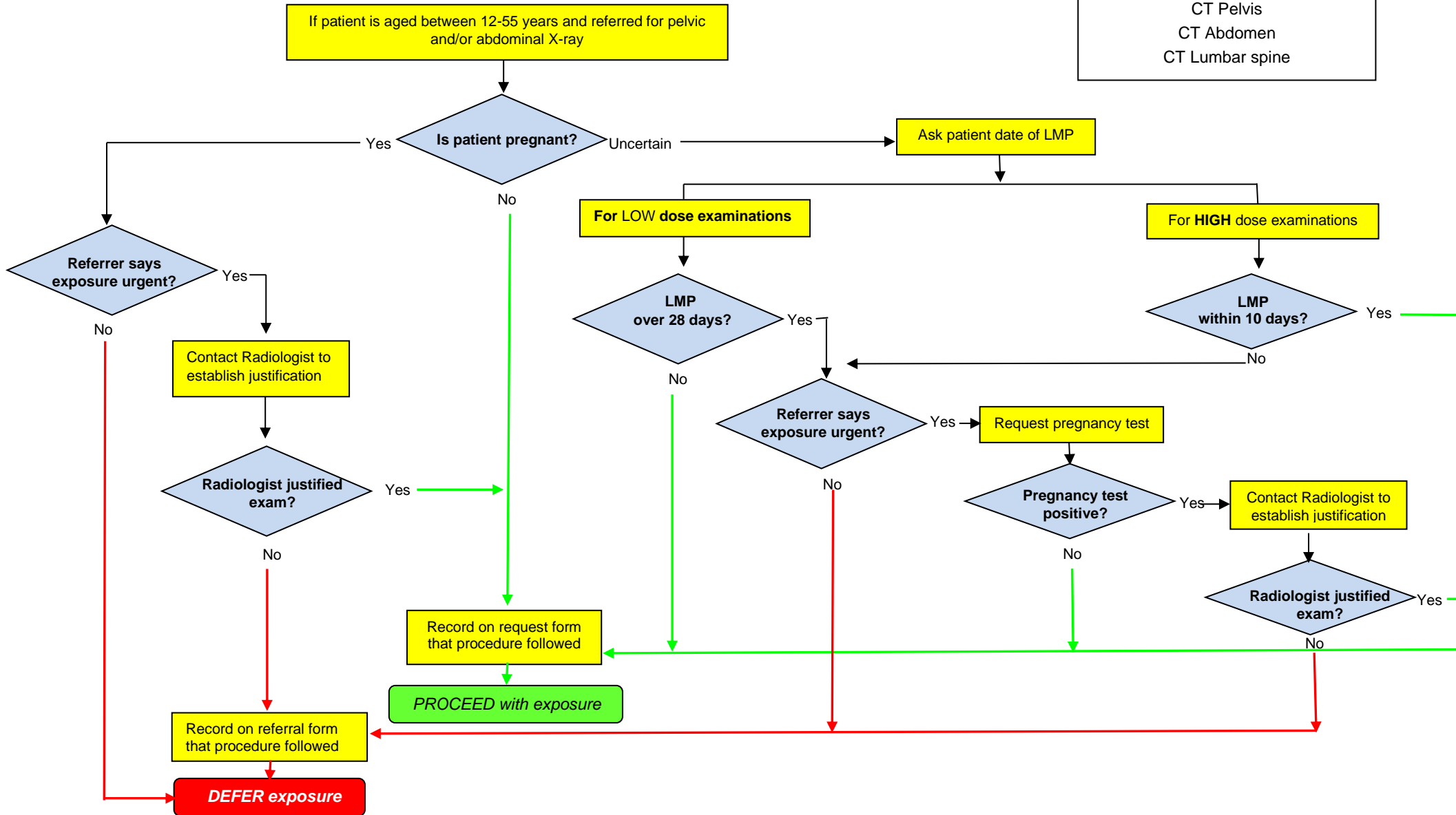
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**Pregnancy Decision Diagram**

*HIGH DOSE EXAMINATIONS*  
 CT Pelvis  
 CT Abdomen  
 CT Lumbar spine



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