

SPECIMEN IR(ME)R 2000 PROCEDURE

**PROCEDURE FOR MAKING ENQUIRIES OF FEMALES OF CHILDBEARING AGE
TO ESTABLISH WHETHER THE INDIVIDUAL IS OR MAY BE PREGNANT OR
BREASTFEEDING (IR00SC4a)**

APPROVED BY: _____ REVISION : 0 DATE EFFECTIVE : OCTOBER 2000

Employer:NHS Trust

Establishment:Hospital/Clinic

Department:

Purpose

To ensure that enquiries with regard to pregnancy and breastfeeding are made in an appropriate and consistent manner.

Scope

Pregnancy:

All women of child-bearing age, (12-55 years) who are to undergo radiographic examination of the abdominal and pelvic areas and all nuclear medicine exposures.

Breastfeeding:

All women of childbearing age who are to receive a radionuclide administration.

Responsibility

The operator who is to carry out the examination.

Procedure

1. Pregnancy:

For all radiological examinations of the abdominal or pelvic regions and all nuclear medicine exposures, ask "Are you, or might you be pregnant?"

- a) If there is no possibility of pregnancy, proceed with the exposure.
- b) If pregnancy cannot be excluded, ask the date of the last menstrual period, then proceed as below:

Low dose procedures

- ⇒ If period is not overdue, continue with the procedure.
- ⇒ If period is overdue, refer to clinician for consideration of postponement.

High dose procedures

- ⇒ If within 10 days following last period, continue with the procedure.
- ⇒ If more than 10 days following last period, reschedule the procedure to the first 10 days of their next cycle.



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- c) When a patient is probably or definitely pregnant, the justification for the procedure should be reviewed by the referrer and practitioner before continuing.

High dose procedures (where foetal dose is likely to be 20 mSv or more) include the following:

CT of abdomen and pelvis.

Interventional procedure involving direct exposure of the uterus.

All administrations of ^{131}I and ^{125}I radiopharmaceuticals, some ^{111}In radiopharmaceuticals (refer to ARSAC Notes for Guidance) and all therapeutic administrations of radionuclides.

Barium Enema examinations have the potential for exceeding 20 mSv but unlikely

(All other procedures are unlikely to lead to fetal dose of 20mGy or more).

Any uncertainty regarding the implementation of this procedure should be referred to the departmental RPS.

2. Breastfeeding

Before any radionuclide administration, ask "Are you breastfeeding?"

If the answer is 'no' proceed with the examination, bearing in mind (1) above.

If the answer is 'yes' then:

- Consideration should be given as to whether the test could be delayed
- Consideration should be given as to whether the most appropriate choice of radiopharmaceutical has been made

Precautions must be taken to minimise the radiation dose to the infant (if possible < 1.0 mSv).

Thereafter procedures and guidelines laid down in the 'Notes for Guidance on Clinical Administration of radiopharmaceuticals and use of Sealed Radioactive Sources' ARSCAC, should be followed.

A local procedure must be in place to record the fact that the above procedure has been carried out.

