



Checking the pregnancy status of patients of childbearing potential

This leaflet explains why you may be asked about your pregnancy status when you require an X-ray examination at the Royal Berkshire NHS Foundation Trust X-ray (Radiology) Department.

The procedure and regulations for checking a patient's pregnancy status

The Radiology (X-ray) Department provides safe and necessary examinations or tests to all of its patients. Exposure to ionising radiation such as x-rays has an associated risk, particularly to a developing foetus. It is a legal requirement under the laws governing medical radiation exposures (IR(ME)R 2017) that we ask these questions to everybody between the age of 12-55, no matter how they identify or how obvious they feel their gender is, to establish whether there is any potential for an individual to be pregnant before we carry out imaging which includes the pelvic area. Asking everybody these questions minimises the potential for harm. The person performing each X-ray exposure is legally responsible for checking whether a patient of childbearing age is or may be pregnant. It is not necessary to check the pregnancy status of someone having X-rays of their head, chest, arms or lower legs.

Our procedure for checking for pregnancy

The radiographer will ask do you have the potential to become pregnant and If there is any possibility of you being pregnant, (or if your periods have started/stopped - depending on your age). If you are unsure whether or not you are pregnant or if pregnancy cannot be excluded, the radiographer will ask you for the date of your last menstrual period.

If there is no possibility of you being pregnant you will need to sign a form to confirm this and then we can proceed with the examination.

The pregnancy declaration form also ensures the staff reviewing your images are aware of your sex registered at birth, as sometimes this is relevant to your diagnosis. It also ensures that the staff reviewing your images are aware of natural physical variations you might have in your pelvic anatomy. Please inform the Radiographer if you are aware that you were born with an intersex variation, also known as variations in sex characteristics (VSC) or diverse sex development (DSD). We acknowledge that you might prefer to use a different term when informing the Radiographer of this.

Low and higher dose examinations

Some X-ray examinations are considered as 'low dose' and others are considered as 'high dose'; therefore, the procedures are slightly different for these two groups of examinations as explained below.

Low dose examinations

For low dose examinations (X-rays of the abdomen and pelvis, barium meals/swallows, and complex X-ray/interventional procedures not involving direct exposure of the womb) the examination may proceed if your period is not overdue or within 28 days of your last period.

High dose examinations

For higher dose examinations (CT scans of the abdomen and pelvis and complex X-ray / interventional procedures involving direct exposure of the womb), if pregnancy cannot be ruled out, then the 10-day rule is applied.

This means that the examination should not be performed if it is more than 10 days since the first day of your last period, unless you have had a hysterectomy, are sterilised or two years post-menopausal.

The following procedure is then applied:

- If you are unable to confirm that you are not pregnant or, if you are having a high dose examination and the first day of your last period is more than 10 days ago, then the need for the examination must be reviewed with a radiologist (a specialised X-ray doctor) and the referring doctor. See below for more information.
- A decision is then made by the radiologist and the referring doctor as to whether to postpone the examination and rebook when you can confirm that you're not pregnant, or cancel the examination or proceed with the requested or alternative examination.

Reviewing the need for the examination

When the need for the X-ray examination is reviewed the radiologist and referring doctor will discuss whether or not the benefits of performing the examination outweigh the possible risks to the foetus (unborn child).

If the radiologist and referring doctor decide that it is important that the examination takes place straight away then they can over-rule the pregnancy checking procedure and the examination may go ahead. The radiologist and referring doctor may also consider a different type of examination that does not use X-rays.

Before you agree to have the examination, the risks and benefits should always be discussed with you so that you can make an informed decision.

Procedure for females aged 12 – 16 years

If, in the opinion of the radiographer who is to perform the examination, the child/young person is capable of understanding the questions/explanation regarding a check of their pregnancy status, then this will be carried out, where possible, without the parent/guardian present.

If, in the opinion of the radiographer who is to perform the examination, the child is not capable of understanding the questions/explanation regarding a check of their pregnancy status, (in particular if the child has learning difficulties/special needs), then a parent / guardian must be asked to confirm the pregnancy status of the child.

If pregnancy status cannot be confirmed the need for the examination must be reviewed with a radiologist and referring doctor.

Radiation risks for an unborn child

A baby in the womb is more sensitive to radiation than an adult, so we are particularly careful about X-rays during pregnancy. X-ray doses from head, chest and limb examinations are so small there would be negligible risk to a pregnancy from scattered X-rays reaching the womb. Special precautions are required for examinations where the womb is in, or near, the beam of radiation.

If there is a possibility of pregnancy, or pregnancy is known, your case will be discussed with the doctors looking after you to decide whether or not to recommend postponing the investigation. There will be occasions when diagnosing and treating your illness is essential for your health and your unborn child.

Sometimes, there may be a choice of tests available to diagnose your illness, and the decision on which test is safest to perform may be affected by how many weeks pregnant you are. When the health benefit to you clearly outweighs the small radiation risk to your baby, the examination may go ahead after all the options have been discussed with you.

“What happens with the information on the form?”

A copy of the signed declaration form will be stored electronically in your radiology notes and only accessed when clinically relevant. The paper copy will be disposed of under confidential waste processes. All of your personal data is managed in line with data protection regulations. If for any reason you do not want your data to be stored, or you wish for only part of the data to be stored, please let your Radiographer know.

If you have any other questions, your Radiographer will be happy to discuss these with you privately in the examination room.

Further information

www.nhs.uk/common-health-questions/pregnancy/can-i-have-an-x-ray-if-i-am-pregnant/

www.gov.uk/government/publications/medical-radiation-patient-doses/patient-dose-information-guidance

www.nct.org.uk/pregnancy/tests-scans-and-antenatal-checks/radiation-and-pregnancy

[www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/policy-guidance-document-library/inclusive-pregnancy-status-guidelines-for-ioni-\(1\)](http://www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/policy-guidance-document-library/inclusive-pregnancy-status-guidelines-for-ioni-(1))

The information in this leaflet supports the Radiology Department procedure for checking pregnancy status. This procedure was ratified by the Royal Berkshire Hospital Radiology Clinical Governance.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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