



Western Health
and Social Care Trust

**Policy on Pregnancy Testing in Females of
child bearing potential on admission to
Hospital**

April 2015

Title	Policy on Pregnancy Testing in Females of child bearing potential on admission to hospital
Reference Number	Acute15/001
Implementation Date	April 2015
Review Date	April 2016
Responsible Officer	Director of Acute Services

Date	Version	Author	Comments
01/03/2011	0.1	Trust	Initial Draft
14/03/2011	0.2	Trust	Second draft incorporating changes agreed at regional meeting.
16/08/2011	0.3	Trust	Proposed final version incorporating feedback from Trusts.
12/10/2011	V0.4	Trust	WHST comments incorporated
16/11/2011	V1	Trust	Final Version issued.
17/07/2012	V2	Medical Staff AMU	Incorporating further changes
08/09/2013	V3	Medical Staff AMU/lead Nurse	Acute Governance decision – Merge with existing policies within Trust
27/11/2013	V4	Medical Staff AMU	Wider circulation for consideration as Trust Policy
31/12/2013	V5	M Brown	Following widespread dissemination to Acute and Woman and Children's Directorate, all feedback and comments have been incorporated.
30/06/2014	V.6	M Brown	Following meeting with Director and representative from Women and children and governance changes incorporated.
28/10/2014	V7	MBrown	Feedback from radiography

Table of Contents

Section	Title	Page
1.0	Introduction	4
2.0	Purpose and Scope of the Policy	4
3.0	Roles and Responsibility	6
4.0	Key Policy Principles	6
5.0	Implementation of Policy	6
6.0	Monitoring and Review	7
7.0	Evidence Base/ References	7
8.0	Consultation Process	8
9.0	Equality Screening	8

Title:	Policy on Pregnancy Testing in Females of child bearing potential		
Author(s)	Dr Emer Teague MRCP MRCGP, Doctor, Acute Medical Unit Ext 216667/216678 Surgery and Anaesthetics team November 2011 – led by Philip McGowan		
Ownership:	Acute Directorate		
Approval by:	CMT	Approval date:	
Operational Date:	DRAFT 21/03/13	Next Review:	21/04/2015
Version No.	5	Supersedes	4
Links to other policies	<ol style="list-style-type: none"> 1. http://whsct/IntranetNew/Documents/Policy%20of%20Checking%20Pregnancy%20prior%20to%20surgery%20and%20anaesthetics%20-%20Copy.pdf 2. National Service Framework for Children, Young People and Maternity services, (1999). 3. WHSCT Employer's Procedures Required Under IR(ME)R (NI) 2000 For The Protection Of Patients Undergoing Medical Exposure To Ionising Radiation 4. http://whsct/intranetnew/Documents/Radiation%20Protection%20Policy%20vers%201%203WHSCT%20December%202012final.pdf 		

1.0 INTRODUCTION

It is Western Trust Policy to perform pregnancy testing on all female patients of child-bearing capability prior to surgery and anaesthetics. This should be extended to patients admitted to the Acute Medical Unit (AMU). This policy will replace existing policies already in place on surgical and paediatric wards. The procedures for establishing the possibility of pregnancy in females undergoing radiology examinations are defined in the Trust's Radiation Protection Policy and the Employer's Procedures.

Children under 16 who have commenced menstruating, all women who are not more than 1 year post-menopausal, patients who are using contraceptives, those who have had surgical procedures to prevent pregnancy and patients who are not sexually active will be included.

The Western Trust understands that this is a very sensitive issue and that patients and relatives/carers may have concerns about formal pregnancy testing, particularly in children and vulnerable adults. However screening questions are not sufficiently reliable where there is concern regarding date of last menstrual period and in a clinical setting may be applied haphazardly. In this way an objective policy is applied that does not discriminate on the basis of age, race, social status, sexual orientation or geography. Staff will ensure that the policy is applied in a sensitive and caring manner. Should there be any concerns regarding safeguarding or known to SOSKARE please follow pathway. (See appendix 1)

1.1 Objectives

To avoid unidentified pregnancy in female patients who attend for any treatment or procedure.

2.0 PURPOSE AND SCOPE OF THE POLICY

2.1 Purpose

This policy extends the guidelines in place already within the Trust for routine pregnancy testing of female patients prior to anaesthetic/surgery. The process for assessing the risk of pregnancy prior to radiology examinations is described in the Trust's Employer's Procedures. The policy will relate to all female patients of childbearing age who may require medications / investigations / surgery in hospital. This is required to decrease the chance of unrecognised pregnancy in female patients, who will often be prescribed medications or referred for investigations that are contraindicated in pregnancy, and confirmed pregnant status will alter many differential diagnoses and treatment plans.

For reference, see the Policy on Checking Pregnancy Prior to Surgery & Anaesthetics (November 2011):

<http://whsct/IntranetNew/Documents/Policy%20of%20Checking%20Pregnancy%20prior%20to%20surgery%20and%20anaesthetics%20-%20Copy.pdf> See policy for Child Protection: National Service Framework for Children, Young People and Maternity services, (1999).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf

And Employer's Procedures Required Under IR(MeER (Ni) 2000 For the Protection of Patients Undergoing Medical Exposure to Ionising Radiation (Procedure D)

<http://whsct/intranetnew/Documents/Radiation%20Protection%20Policy%20vers%201%203WHsCT%20December%202012final.pdf>

Pre-procedure Pregnancy Checking in Under 16s: Guidance for Clinicians. RCP H (November 2012)

www.rcpch.ac.uk/pregnancychecks

2.2 Process

The policy will be stated on pre-operative information sheets.

Patients will be requested to supply a urine sample on admission to the hospital for investigations or treatment and will be informed of the purpose of that test and the result. Children will be asked if they have commenced menstruating and if so will be required to have pregnancy status testing. Pregnancy testing will not be required for post-menopausal women when the last menstruation period (LMP) was greater than 12 months if over 50 years or greater than 24 months if under 50 years. The policy will apply to all elective and emergency patients. (See appendix 3)

In the event of a positive test and upon consultation with the patient, relatives and clinical team, a decision will be made whether to proceed with planned medications, radiological tests, procedures etc. The same will apply where a patient or carer withholds consent for pregnancy testing.

In a situation where it is not possible to obtain informed consent, it will be presumed that it is in the overall best interests of the mother and the foetus to determine pregnancy status.

The policy does not set upper and lower age limits but would normally expect to be applied to patients with age range 12-55. This policy is written in accordance with guidelines set out in previous Trust Child Protection Policies and may prompt concerns with regard to Child Protection issues and legal issues where those children under 16 years are found to be pregnant.

2.3 Scope of Policy

Applies to:

- All women and children, of childbearing capability who have been referred to the Acute hospital setting and who are to undergo either radiological investigations, local testing or have a surgical procedure with general or regional anaesthesia within the hospital.
- Children under 16yrs of age will undergo testing if they have passed the menarche (i.e. menstruations have commenced).
- Peri-menopausal women will be tested where LMP (last menstrual period) is within 12 months.
- Where date of last menstrual period exceeds 10 days tests should be rescheduled unless deemed clinically urgent and the risks outweigh the benefit.
- Includes both planned and emergency admissions.

2.4 Exclusions:

Pre-menarche or postmenopausal women over 50 years (LMP >12 months); under 50 years (LMP >24 months)

Post-hysterectomy patients.

Patients known to be pregnant.

2.5 Method of Testing:

Staff must ensure that there is an explanation for necessity of testing and that this is routine work within the hospital for females of child bearing age. Good communication skills are essential when requesting testing to avoid any misconception that staff are being presumptive or insensitive to personal circumstances.

The method of testing will be urine testing Beta HCG done in the usual manner in the laboratory or if this is not possible or would cause a delay in treatment the Serum Beta HCG requested on serum yellow top sample.

If patient declines testing they should to be treated as if pregnant with regards to prescribing and administering medications and in considering any radiological investigations.

2.6 Documentation:

Patients will not be allowed to be discharged until pregnancy status is confirmed and recorded in writing.

Contraventions of this policy must be reported using the Trust Clinical Incident Reporting System.

3.0 ROLES/RESPONSIBILITIES

All clinical staff are responsible for implementing the policy.

4.0 KEY POLICY PRINCIPLES

4.1 Key Policy Statement(s)

As part of Trust Policy on pregnancy testing prior to surgery and anaesthetics and also to support NICE guidelines to support safer practice, The Acute medical Unit has issued guidelines to ensure that all female patients of child bearing age who may be required to undergo investigations or take medicines as part of their reason for admission will not harm an unidentified pregnancy. As the age range for admission to paediatric wards has been increased regionally to 16 years it has also been agreed by the clinicians within Children's wards that children who have commenced menstruation will be tested routinely. Policies listed at 2.1 on checking Pregnancy status will be superseded by the introduction of this Trust wide policy for pregnancy testing once approved at Trust Board.

4.2 Policy Principles

It is anticipated that this policy will safeguard the unborn child either before the mother is aware of the pregnancy or avoid treatments / medications / investigations that could be harmful to an unborn child. Also patients with pre-existing conditions may benefit from earlier detection of pregnancy and this will allow a better pathway of care to be devised for the patient leading to a smoother pregnancy.

All service users will be fully assessed and will have a patient pathway developed to suit their individual needs. Information will be made available to support those service users or families or carers who do not have English as a first language, including the use of foreign and, written translations etc. in line with Trust policy. In addition, service users, their families, carers or staff who require additional communication support including e.g. provision of information in Braille, sign language interpreters, large font or audio, will be provided with this information.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This policy has relevance for all clinical staff.

- Policies are currently in place at local level and staff are adhering to the existing policies. These include the policies mentioned in Section 2.1.
- Communication methods that could be used to assist in the dissemination of the policy are as follows:-
 - Inclusion in staff briefings
 - Raising the issue at staff meetings
 - Trust Communication
 - Trust Intranet & Internet sites
 - Inclusion in induction training for new staff
 - Inclusion in induction checklist for new staff

5.2 Exceptions

See above text at 2.4.

6.0 MONITORING AND REVIEW

The effectiveness of this policy will be monitored by the Clinical Director supported by the Corporate Risk Manager. This policy will be subject to review every three years or earlier as necessary following changes in legislation and/or internal arrangements.

7.0 EVIDENCE BASE / REFERENCES

This policy should be read in conjunction with other relevant Trust policies and procedures such as Policy on Checking Pregnancy Prior to Surgery & Anaesthetics (November 2011) at web link:

<http://whsct/IntranetNew/Documents/Policy%20of%20Checking%20Pregnancy%20prior%20to%20surgery%20and%20anaesthetics%20-%20Copy.pdf>

Staff are reminded that they must follow the trust's Radiation Safety Policy and in particular be familiar with their responsibilities as outlined in the Trust document "Employer's Procedures Required Under IR(ME)R (NI) 2000 For The Protection Of Patients Undergoing Medical Exposure To Ionising Radiation". This document is available on the Trust intranet under Policies - Acute Services.

<http://whsct/IntranetNew/Documents/Employers'%20Procedures%20WHsct%20Apr%202013final.pdf>

Reference should also be made to the I-refer Guidelines which is also available on the Trust intranet under NIPACS quick links "Radiology Referral Guidelines". This document provides information and guidance on the most appropriate imaging investigation(s) or intervention for any diagnostic or imaging problem and aims to minimise radiation doses to patients wherever possible. (See appendix 2)



8.0 CONSULTATION PROCESS

Ward and laboratory staff has been included in consultation. Woman and Children's Directorate have also been included.

9.0 EQUALITY SCREENING

The Trust's equality and human rights statutory obligations have been considered during the development of this policy arrangements.

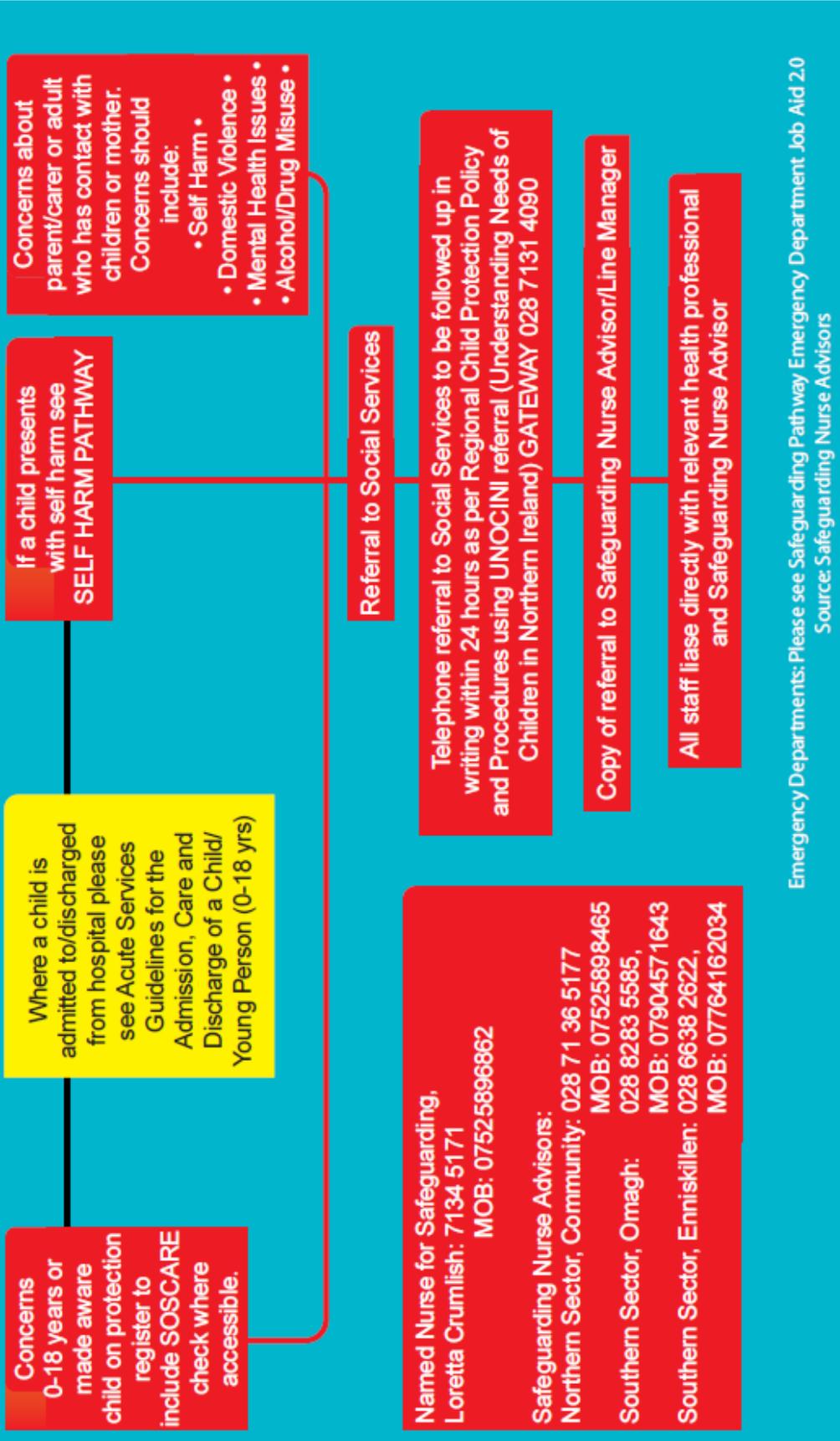
Signed: _____ (Chairman)

Date: _____

DRAFT

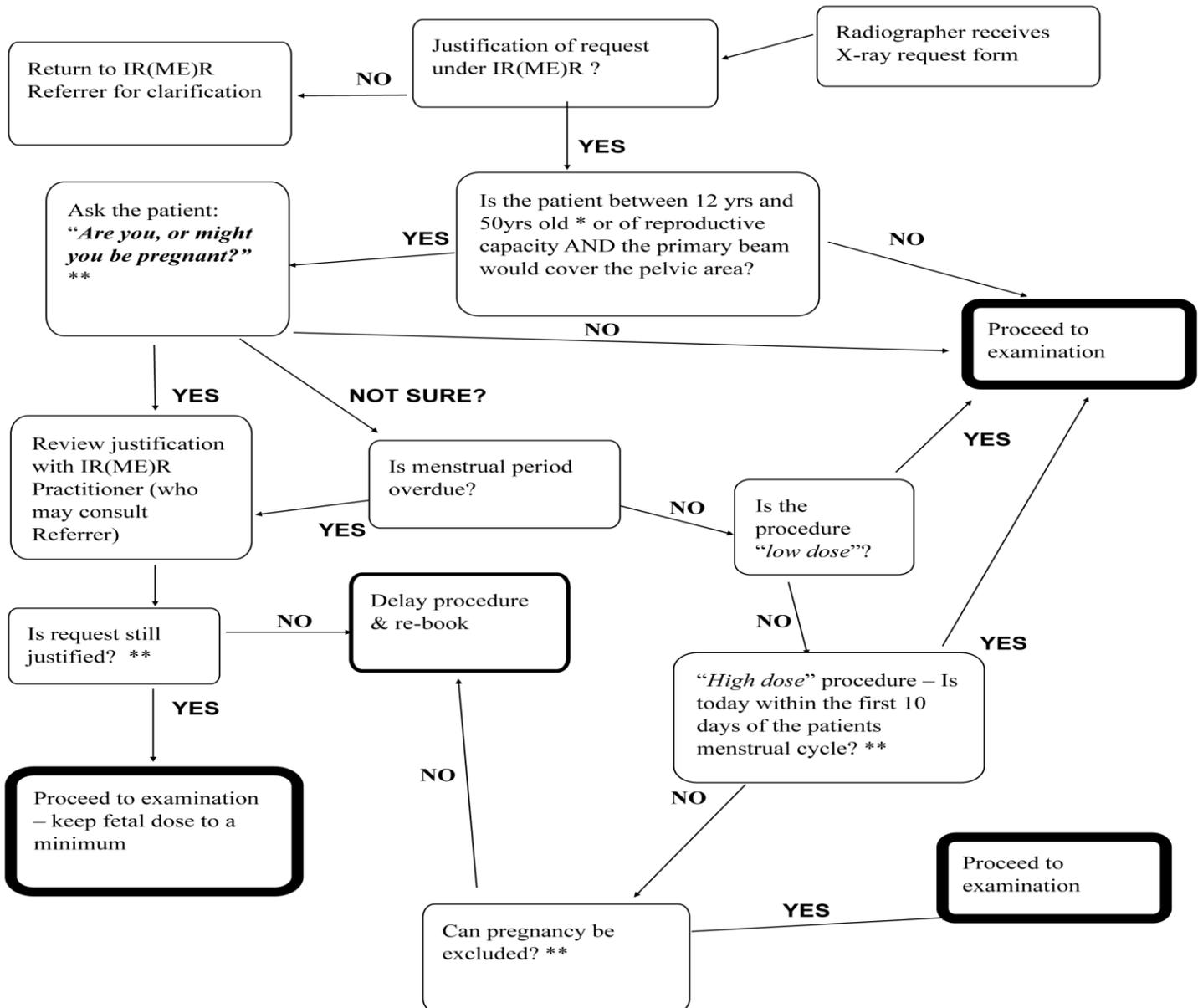
Appendix 1

Safeguarding Pathway



Appendix 2 Extract from WHSCT Employer’s Procedures Section D

Sample flow chart for checking pregnancy status in women of reproductive capacity who attend for diagnostic medical exposure to ionizing radiations (conscious patient).



Appendix 3

