

## Guidelines for preoperative pregnancy testing in women of childbearing age

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Approved by <i>Gynaecology Governance Meeting</i> <i>Anaesthetic Governance Meeting</i> <i>SCSD Divisional Governance Meeting</i>	9 <sup>th</sup> August 2019 12 <sup>th</sup> August 2019 30 <sup>th</sup> October 2019
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### Key amendments to this guideline

Date	Amendment	Approved by:

### Introduction

There are thought to be risks associated with anaesthesia and surgery in pregnancy. Identification of pregnancy preoperatively allows for informed decision making.

This guideline will apply to all females of childbearing age (12-55 years old) who present for elective or emergency surgery at Worcester Acute Hospitals NHS Trust. For females who required ionising radiation exposure (from diaphragm to upper thighs) the age range of 12-55 also applies to comply with radiation regulations (IRMER).

### This guideline is for use by the following staff groups :

Pre-operative Assessment nurses  
Ward nurses  
Anaesthetists  
Surgeons

## Guidelines for preoperative pregnancy testing in women of childbearing age

### Background

There are risks associated with anaesthesia and surgery in pregnancy, for example with known teratogenic medications and procedures requiring the use of X-ray. Identification of pregnancy preoperatively allows for informed decision making.

It is estimated that 2% of pregnant women will receive anaesthesia for non-obstetric surgery. Many studies and literature reviews have aimed to try and clarify the risks associated with anaesthesia and surgery to both the mother and foetus, and it is generally accepted that elective surgery should be avoided during pregnancy. In emergency surgery, the balance of risk versus benefit should be considered.

A NICE recommendation from 2016 states that:

- On the day of surgery, sensitively ask all women of childbearing potential whether there is any possibility they could be pregnant.
- Make sure women who could possibly be pregnant are aware of the risks of the anaesthetic and the procedure to the foetus.
- Document all discussions with women/ parents or carers about whether or not to carry out a pregnancy test.
- Carry out a pregnancy test with the woman's consent if there is any doubt about whether she could be pregnant.
- Make sure protocols are documented and audited, and in line with statutory and professional guidance.

A policy for standard use of pregnancy testing will assist in delivering good clinical care to our patients. This guideline takes a “*consented pregnancy testing*” approach to ascertaining pregnancy status.

Worcestershire Acute Hospitals Trust recognises that this is a very sensitive issues and that patients and relatives/carers may have concerns about pregnancy testing. The aim of this policy is to be objective that does not discriminate on the basis of social status, sexual orientation or geography. Staff should ensure the policy is applied in a sensitive and caring manner.

### Details of Guideline

#### Summary

All women of child bearing age (taken as between 12-55 years old) should be offered urine pregnancy testing prior to anaesthetic or surgical intervention. If early puberty is suspected, check whether periods have started and proceed as per guidelines.

#### Implementation

- Prior to an elective admission, information should be provided to women informing them of the need for a urine sample for pregnancy testing on the day of surgery.
- On the day of surgery all women between 12-55 years old should be **offered routine preoperative pregnancy testing** (unless below exclusions apply).
- The result of this test should be documented in the notes and communicated via the preoperative checklist.
- If positive the woman should be informed of the test result, and the anaesthetist and surgeon informed in order for a discussion and decision to be made regarding the planned surgery.

- If the woman refuses consent for urine pregnancy test or is unable to provide a sample, a discussion about the risks of proceeding should be documented (see below).
- A sample of urine obtained for standard urinalysis **should not** be used for pregnancy testing without the patient's knowledge and consent.

### Women aged 12-55 requiring uterine instrumentation or pelvic radiation

- The surgeon must assess the risk of pregnancy and prior to uterine instrumentation rule out early pregnancy by checking for a history of unprotected sexual intercourse in the previous 7 days, as a urine pregnancy test may still be negative.
- This usually applies to gynaecology but may also apply to other specialities, especially if using radiation in the pelvic area.
- To comply with IRMER requirements, females aged 12-55 who require radiation exposure from diaphragm to upper thighs should be requested to undergo pregnancy testing

### Young females aged 12-16

1. Prior to an elective admission, information should be provided to girls and their parents/guardians informing them of the need for a urine sample for pregnancy testing on the day of surgery (see Appendix 1 leaflet).
2. On the day of surgery young females aged 12-16 should be made aware of the need to establish pregnancy status before surgery. A urine sample should be requested from all girls aged 12-16 in line with Trust policy. If early puberty is suspected, confirm if periods have started and if needed continue to follow this guideline.
3. This guideline recommends routine testing for all females aged 12-55 rather than questioning patients on sexual activity or menarche. This is try to avoid having to discriminate by asking personal questions.
4. Consent for the test should be sought from the girl if she is deemed competent, or from her parents/guardians if she is not deemed competent. The decision about involving parents and carers in discussions about pregnancy testing must be taken using professional judgement and consideration of relevant guidelines, i.e. around Gillick competency. *Gillick competent is defined as a young person under 16 years old who has sufficient intellectual and emotional maturity, and understanding of the nature of the test, to consent to the pregnancy testing for themselves.*
5. Sensitive handling of the discussion is required, particularly where the age of the patient or indications of cultural sensitivity around under-age sexual activity are considerations. Surgical consent forms may specifically include mention the need to ascertain pregnancy status as part of the consent process. A minimum requirement should be that verbal consent to pregnancy testing is recorded in the admission documentation, preferably as part of the patient's integrated care plan.
6. The result of the test should be documented in the notes and communicated on the preoperative checklist. The results should be given only to whoever was deemed able to consent. Parents/guardians should not be told the results of a test for a girl deemed competent without her consent.
7. If the result is positive, this will be communicated to the girl/parents/guardians as above, and also to the Trust safeguarding team. The anaesthetist and surgeon will be informed and a discussion and decision made regarding the planned surgery.

### Refusal of consent for pregnancy testing

- If consent is refused, both this decision and any discussion should be documented. The decision to operate remains open to surgical and anaesthetic discretion.
- On an individual basis, the surgeon may offer the option to consent to the surgery, acknowledging and documenting the risks of unconfirmed pregnancy status.
- It would be very difficult to quantify any anaesthetic risk in these circumstances.

- In situations where the risk to an undetected fetus would be considered unacceptable, the surgeon is justified in refusing to undertake the procedure.
- In the case of a young patient with severe disability (eg severe cerebral palsy), the clinician caring for the patient may consider the possibility of pregnancy to be so remote that neither enquiry nor testing are necessary. This decision should however be documented.

### **Women who lack mental capacity to consent**

1. On the day of surgery a urine sample should be sought as above, in the best interests of the patient.
2. The result of the test should be documented in the notes and communicated on the preoperative checklist.
3. If positive the woman should be informed of the test result, and the anaesthetist and surgeon informed in order for a discussion and decision to be made regarding the planned surgery.
4. If positive the Trust adult safeguarding team should be informed.

### **The role of safeguarding**

The parent team should refer to the safeguarding team in the following circumstances:

- Girls 16 and under who have a positive pregnancy test.
- Girls 16 and under where there is disclosure of coercion, sexual activity with a partner aged over 18 or indications of abuse.
- If there is refusal to pregnancy testing in girls aged 16 and under *and* there is concern about coercion or indications of abuse.
- Girls aged 17 with a positive pregnancy test when there is concern about coercion or indications of abuse.
- Vulnerable women who lack capacity, but who have a positive pregnancy test.
- Referral to safeguarding can be completed by contacting the safeguarding nurse through the switchboard.

### **Exclusions**

Women who have previously had a bilateral salpingo-oophorectomy or hysterectomy are exempt from this policy. Tubal ligation is not an exemption.

## References

Ni Mhuireachtaig R. and O'Gorman D.A. Anaesthesia in pregnant patients for nonobstetric surgery. *Journal of Clinical Anaesthesia* 2006; 18: 60-6

Royal College of Paediatrics and Child Health (2012) *Pre-procedure pregnancy checking for under-16s: clinical guideline*. Available at: <https://www.rcpch.ac.uk/resources/pre-procedure-pregnancy-checking-under-16s-clinical-guideline>

National Institute for Health and Care Excellence (2016) *Routine preoperative tests for elective surgery* (NICE guideline 45). Available at: <https://www.nice.org.uk/guidance/ng45/resources/routine-preoperative-tests-for-elective-surgery-1837454508997> [Accessed 12 February 2019]

## Contribution List

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This key document has been circulated to the following individuals for consultation;

Name	Designation
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This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Anaesthetic Directorate Governance meeting 12 <sup>th</sup> June 2019
Gynaecology Directorate Governance meeting August 2019

## Appendix One – Patient Information Leaflet – Preoperative Pregnancy Testing



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