

Northumbria Healthcare NHS Foundation Trust

Employer's Procedure C

Procedure to determine whether individuals of childbearing potential may be pregnant before being exposed to ionising radiation within the pelvic region

Version	1
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Date issued	26/02/2025
Review Date	01/02/2028
Approved by	Radiology Specialty Board, IRMER Working Group 20/02/2025
Target audience	All IR(ME)R practitioners, referrers and operators



History of previous versions of this document:

Version	Issue Date	Review Date	Author

Statement of changes made from version

Version	Date	Description

Introduction

IR(ME)R 2017 requires a written procedure to establish if a patient of childbearing potential is or may be pregnant prior to imaging.

The Care Quality and Commission (CQC) IR(ME)R report 2019/2020 highlighted the need to ensure that all patients of childbearing potential be identified not just those with traditionally defined gender characteristics.

Scope:

This procedure is to be carried out on all individuals of childbearing potential who are about to undergo an x-ray examination where the primary beam may irradiate the pelvic region (diaphragms to knees) and in CT examinations from lung apices to knees.

Individuals of childbearing potential are defined as **Any** individual between the ages of 12-55 years old.

Standard Operating Procedure

All imaging except theatre imaging (see separate section for theatre imaging)

- It is the duty of the entitled operator to ensure that this procedure has been carried out prior to any exposure being made
- Individuals aged between 11 and 18 years old are allowed to answer for themselves provided that they are deemed able to do so with regard to the Fraser Guidelines (Gillick competent)
- If Gillick competence cannot be established in this age group the parent, responsible adult or carer of the individual must be asked to answer on their behalf
- If Gillick competence can be established in the interests of safeguarding and confidentiality the questions relating to childbearing potential should ideally be asked in the absence of their parent, responsible adult or carer.

- Questions in relation to the SIGE and LMP form should be asked in a sensitive, open manner using commonly understood language
- Underage sexual activity must always be seen as a possible indicator of child sexual exploitation. Sexual activity with a child under 13 years is a criminal offence and should always result in a referral to the trust safeguarding team
- For further information/guidance, advice should be sought from a radiologist or the referrer
- Where appropriate, staff should explain that although there is no substantial risk to an unborn child when undergoing most diagnostic x-ray procedures, it is best practice that x-rays to the pelvic area be avoided if possible during pregnancy
- Explain that certain questions on the possibility of pregnancy must be asked and the answers recorded on CRIS
- Explain that all patients between 12 and 55 years who are undergoing a radiographic examination of the pelvic region will be asked to complete the SIGE section of the form. This is to ensure that individuals identifying as transgender, non-binary or intersex (variations in sex characteristics) can have their pregnancy status confirmed
- The entitled operator will ensure that the SIGE form is completed by all appropriate patients and where applicable, for all patients that have indicated that they have internal reproductive organs have completed the LMP form on the reverse, ensuring that the CRIS number is recorded to ensure accurate record keeping
- Using the flowchart provided (Appendix B) the entitled operator will ensure that correct procedure is followed in order to determine whether to proceed or postpone the examination for all individuals that have indicated that they have internal reproductive organs.
- If a patient declares themselves pregnant or by following the flowchart a resulting pregnancy test is positive a consultation with the referring clinician is required to ascertain the risk to the individual of postponing the examination until after delivery
- If the examination cannot be postponed then the possibility of using other imaging modalities that do not use ionising radiation must be discussed with the practitioner
- If other modalities (ultrasound, MRI- outside of the first trimester) are not appropriate, then the risk to the foetus, dependant upon the stage of the pregnancy must be explained to the patient. The risk of not having the examination should also be explained and informed consent should be obtained. Where possible, before the procedure is undertaken, the advice of a medical physics expert must be sought for methods to minimise the foetal dose and to provide an estimate of the dose and risk to the foetus
- If there is an overriding clinical need for the examination this should be documented on CRIS and reasoning explained to the patient.
- In such cases the entitled practitioner will document authorisation on CRIS
- If a patient refuses to complete the SIGE form staff must inform the patient of the following statement: We have a duty to ask you about your reproductive organs

prior performing this investigation with ionising radiation. As you have not completed the form, we will proceed on the basis of the gender we have recorded for you, which is male / female (delete as appropriate). Staff must document that the statement has been read to the patient on CRIS.

Theatre imaging:

- It is the duty of the entitled operator to ensure that a check has been carried out prior to any exposure being made
- If the patient is not anaesthetised the entitled operator may follow the procedure as above
- If the patient is not able to answer for themselves the entitled operator may ask the staff responsible for the patient to confirm LMP or pregnancy status
- Where a nurse anaesthetist or surgeon has confirmed pregnancy status this must be recorded on the CRIS event entry.

Monitoring:

The trust continually strives to achieve 100% compliance with this procedure. Where this is not met an action plan will be formulated and reviewed until completion.

Monitoring plan;

Method	Peer review
By	Departmental leads
Committee	Radiation Safety Committee
Frequency	Biennially

Review

This procedure will be formally reviewed every three years and biennially at the Radiation Safety Committee.

References

Care Quality Commission (2020) IR(ME)R Annual Report 2019/2020 Available at:

[IR\(ME\)R annual report 2019/20: CQC's enforcement of the Ionising Radiation \(Medical Exposure\) Regulations 2017](#)

The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024 available at

<https://www.legislation.gov.uk/uksi/2024/896/made>

Radiology SIGE Form (Sex, Identity, Gender, Expression)

Name	
Legal name if different	
Date of Birth	

Your Referrer has requested an examination involving the use of ionising radiation that includes your pelvic region. It is our professional duty to protect patients as best as possible from any unnecessary exposure. In order to do this we require all patients to complete this form. If you have any questions or concerns, please feel free to speak with the Radiographer/Assistant Practitioner prior to your exam.

What are your reproductive organs?

Internal (ovaries, uterus/womb)	
External (Testes/testicles)	
Both (Intersex)	
I do not have reproductive organs	

If you have indicated that you have internal reproductive organs, please complete the section back of this form overleaf.

If you have indicated that you have external or no reproductive organs please complete the declaration below:

Patients Signature		Date	
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Radiology Staff:

Staff Name and Signature		Date	
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Appendix B

Procedure to identify pregnancy status of all patients of childbearing capacity aged 12 – 55 years (inclusive).

