Guidelines for Pre- operative Pregnancy Testing

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Key amendments to this guideline

Date	Amendment	Approved by:
4th January 2021	Pre-operative assessment Key Documents approved for 3 years	Pre-op Directorate Governance Meeting
27th December 2023	Extended document for 6 months whilst under review.	Dr Harsha Mistry
April 2024	Title changed to "Guidelines for Pre- operative Pregnancy Testing". Terminology changed from female to assigned female at birth. Patient information leaflet free text added in (rather than linked file) Appendix 2 – Statement of refusal of pregnancy test added	Theatre Anaesthetic Governance Meeting April 17th 2024

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 patients assigned female at birth who are aged 12-55 and who present for elective or emergency surgery at Worcestershire Acute Hospitals NHS Trust. For these patients who require 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
- Theatre team members
- Admission staff

Guidelines for Pre-operative Pregnancy Testing

Background

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

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

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 issue and that patient's and relatives/carers may have concerns about pregnancy testing. The aim of this policy is to be objective. Staff should ensure the policy is applied in a sensitive and caring manner.

Details of Guideline

Summary

All patients born female 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 eligible patients 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 Theatre Checklist.
- If positive the patient 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 and Appendix 2).
- A sample of urine obtained for standard urinalysis **should not** be used for pregnancy testing without the patient's knowledge and consent.

Patients 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, patients born female and aged 12-55 who require radiation exposure from diaphragm to upper thighs should be requested to undergo pregnancy testing

Paediatric patients (i.e. 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 Gilick 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.

Patients 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 patient 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-oopherectomy 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
Dr Kamalarjan	Consultant Paediatrician
Miss Duckett	Consultant Gynaecologist
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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 12th June 2019
Gynaecology Directorate Governance meeting August 2019

Appendix One – Patient Information. Full PIL is on the Trust information page.

Preoperative Pregnancy Testing

Why do we need to know if you are pregnant?

When you need an operation or investigation that needs us to put you to sleep for a little while (a general anaesthetic), we will have to ask you lots of questions about your health, any medicines you might be taking and any allergies you have. This is so we can make sure that you will be safe in hospital. We also need to be sure that you are not pregnant, as planned surgery is best avoided during pregnancy (in the majority of cases). This is particularly important if you will also need x-rays to be taken while you are anaesthetised.

Very soon after becoming pregnant, there are many changes happening within the body. How drugs affect the body, and how the body deals with drugs can be different during pregnancy. Some drugs that are sometimes used during anaesthesia may damage an unborn baby and are best avoided. There is also a chance of miscarriage (losing the baby) if someone has an operation or investigation during early pregnancy.

How will we ask about pregnancy?

If you think that you are, or could be pregnant, please let a member of the preoperative medical team know; either before, or when you are being admitted for surgery.

For people assigned female at birth presenting for surgery you will be asked about the possibility of pregnancy. We will also routinely test a urine sample for all patients assigned female a birth who are aged 12-55. This test will not detect very early pregnancy so please tell us if you think you could be pregnant.

You don't have to provide a sample, but without a negative test the surgical team will need to have a further discussion with you about the surgery and whether you should have it that day.

For certain types of operation, i.e. gynaecological procedures or operations requiring X-rays to your pelvis, you may be asked more detailed questions by the surgical team to see if you could be in a very early stage of pregnancy (which might not be detectable by a pregnancy test).

Is it the same for people under 16?

All people assigned female at birth aged 12-16 years (or their parents) will be asked to give consent to provide a sample of urine for a pregnancy test. This has no relation to individual circumstances. Although there may only be a very small/tiny number of pregnancies in this age group, we believe that uniform testing all patients is the most effective way of avoiding the risk of harm.

We have to test people assigned female at birth even if they tell us they are not sexually active or have not had their first period. We hope you will understand that it is better to test every female patient within an age range rather than try to discriminate by asking personal questions.

What happens with the result?

All patients over the age of 16 should be told their pregnancy test result on the day of surgery.

For those aged 16 and under it is more complicated and depends on the persons maturity. We may not be able to tell a parent/guardian the result without their consent – please do not ask the staff for the result.

If a positive result is found in a person assigned female at birth aged 16 and under we will inform them (and their parent/guardian if appropriate), the surgical team who will need to make a decision regarding the surgery, and the Trust child safeguarding team.

Does anyone not need to be tested?
If you have had a hysterectomy (womb removed) or bilateral salpingo-oopherectomy (both tubes and ovaries removed) then you will not need to provide a urine sample. Tubal ligation (tubes tied) can fail and so you would still need a pregnancy test.

Appendix 2 – Guidance and Statement of Refusal of a Pregnancy test

All patients between 12-55, who were born female, must be offered a pregnancy test prior to planned anaesthesia and surgery.

- Record the pregnancy test batch number in the patient's notes.
- Failure to perform this check may result in cancellation of the procedure.
- For female patient's under 18 years old it is especially important that you are familiar with Trust policy.
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Procedure summary:

1. Explain to the patient (and parent/carers for paediatric patients) that the planned procedure could be harmful to an unborn baby.
2. Consent for the test can be obtained from the patient if they are deemed to have capacity to give consent. Where there is not capacity to consent the parents/carers should be informed.
3. Record the pregnancy test result on the Theatre Checklist form.

In cases where patient (or parent/guardian) declines pregnancy testing:

- Explain that this is a standard practice and applies to all eligible patients (i.e. born female aged 12-55).
- Document all discussion with patient / parent or carers.
- Ensure risks of surgery and anaesthesia if there is pregnancy are described.
- Anaesthetist and Surgeon should provide risk/benefit discussion and make decision with the patient about proceeding with surgery or postponing.
- If surgery does proceed please ensure statement below if completed

STATEMENT OF PREGNANCY TEST REFUSAL

We routinely offer pregnancy tests all patients born female and aged 12-55 year who are undergoing a procedure. It is advised that this is performed because rarely pregnancy can present before surgery and there are risks.

After discussing with your clinical team, if you decline testing, sign the statement below declaring you understand the small risks to any pregnancy.

I _____ have been advised that I (/my child) should have a pregnancy test prior to this procedure. I understand the potential risks to any pregnancy.

I decline the pregnancy test and wish the procedure to continue.

Staff Signature: _____ Name: _____ Date: __/__/____

Patient Signature:_____ Name: _____

If the test is positive, inform the operating doctor immediately, who will make a decision about whether or not the procedure should proceed and support nursing staff in counselling the patient about an unexpected pregnancy test result.