Worcestershire Acute Hospitals NHS Trust

Routine pregnancy testing information for young people receiving systemic anti-cancer treatment (SACT)

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guideline will apply to all females of childbearing age (≥12 years old) who present for chemotherapy at Worcester Acute Hospitals NHS Trust.

This guideline is for use by the following staff groups:

Paediatric clinic nurses

Paediatric ward nurses

Healthcare support workers

Paediatricians

Lead Clinician(s)

Dr Charlotte Ratcliffe	Paediatric Specialty Doctor, POSCU Deputy Lead Clinician
Dawn Forbes	Paediatric Oncology Clinical Nurse Specialist
Dr Baylon Kamalarajan	Paediatric Consultant, POSCU Lead Clinician
Approved by Paediatric Governance on:	15th May 2024
Review Date:	15th May 2027

This is the most current document and should be used until a revised version is in place

Key amendments to this guideline

Date	Amendment	Approved by:
May 2024	New document	Paediatric Governance meeting

Background

While over a third of females will have been sexually active by the age of 16, the likelihood of a patient aged 12-15 being pregnant is small but tangible. The conception rate for under 16s has fallen in recent years and is around 7 per 1,000 in England, with nearly 75% of these pregnancies falling in the 15-year-old age group and around 60% leading to legal abortion.

There is some evidence from the US that females under the age of 16 are not always able to respond accurately to questioning about their sexual activity or possible pregnancy status for a range of reasons including:

- hesitancy to disclose sexual activity when parents may be present
- fear of authority if engaging in under-age sexual activity
- unaware that they may be pregnant
- the menstrual cycle can be erratic in adolescence and recall of dates of most recent menstrual period may be inaccurate.

There is evidence that some investigations and treatment for cancer carry the risk of spontaneous abortion and harm to the unborn child. To avoid exposing any unborn child to harm and to maintain the wellbeing of the pregnant teenager or young adult, all females of child bearing potential should be considered and assessed for pregnancy, throughout diagnosis, investigations and treatment.

NICE guidelines for elective pregnancy testing before investigations or surgery state that all women of childbearing potential should be asked whether there is any possibility they could be pregnant. RCPCH guidelines state that there are two possible options for ascertaining pregnancy status in female patients presenting for surgery or investigation – directed enquiry or consented urine testing.

In adult practice, directed enquiry is usual, with consented testing as appropriate in circumstances where pregnancy status is uncertain. Directed enquiry in females under 16 years may not however reveal all pregnancies for the reasons detailed above.

A policy for standard use of pregnancy testing will assist in delivering good clinical care to our patients.

This guideline takes a “consented urine 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 females aged ≥12 years should be offered urine pregnancy testing prior to each cycle of chemotherapy. If early puberty is suspected, check whether periods have started and proceed as per guidelines.

Implementation

- Prior to each cycle of chemotherapy, information should be provided to these patients informing them of the need for a urine sample for pregnancy testing on the day of chemotherapy.
- On the day of chemotherapy all females ≥12 years old ***should be offered routine pre-SACT pregnancy testing***.
- The result of this test should be documented in the notes and communicated to the clinical team.
- If the patient 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.

Young females aged 12-16

- Prior to chemotherapy, 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 chemotherapy (see Appendix 2 leaflet).
- On the day of chemotherapy young females aged 12-16 should be made aware of the need to establish pregnancy status before chemotherapy is given. A urine sample should be requested from all girls aged ≥12 years in line with Trust policy. If early puberty is suspected, confirm if periods have started and if needed continue to follow this guideline.
- This guideline recommends routine testing for all females aged ≥12 years rather than questioning patients on sexual activity or menarche. This is try to avoid having to discriminate by asking personal questions.
- 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. A minimum requirement should be that verbal consent to pregnancy testing is recorded in the patient's notes.

- The result of the test should be documented in the notes. 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.
- If the result is positive, this will be communicated to the girl/parents/guardians as above, and may also need to be discussed with the Trust safeguarding team (see below).

Consent for pregnancy testing

- **Young women aged 18 and over:**
  - No one has the right to consent on behalf of another competent adult i.e. those ages 18 years and over. Covert testing must not be carried out. For any young woman who is thought to lack capacity, the guidance/policy on The Mental Capacity Act (2005) must be followed.
- **Teenagers aged 16 and 17 years:**
  - By virtue of the Family Law Reform Act (1969), young people aged 16 or 17 years are presumed to be capable of consenting to their own medical treatment, and any additional procedures involved in that treatment, i.e. pregnancy testing (in extreme circumstances, the decision may be challenged by parents)
- **Children under 16 years:**
  - In English law, in the case of Gillick vs. West Norfolk and Wisbech Area Health Authority (1985), the court held that children who have sufficient understanding and ability to understand fully what is involved in a proposed intervention will also have the capacity to consent to that intervention. Where a young person who has been assessed to be Gillick competent and refuses pregnancy testing, their decision can be overridden by either an adult with parental responsibility or a court.
  - Where advice or treatment relates to contraception, or the child's sexual or reproductive health (as is the case here), healthcare professionals should encourage the child to inform her parent(s), or allow the medical professional to do so.

Refusal of consent for pregnancy testing

- If consent is refused, both this decision and any discussion should be documented. The decision to go ahead with chemotherapy remains open to the clinical team's discretion.
- In situations where the risk to an undetected foetus would be considered unacceptable, the clinical team is justified in refusing to give chemotherapy.
- 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.

What to do if the test is positive

- Inform the patients clinical team. They should then discuss the result with the teenager/young adult and/or those with parental responsibility
- In these circumstances the overriding objective must be to safeguard the young person, therefore the Safeguarding teams may need to be consulted and the Trust's Safeguarding Children policy followed.
- The planned treatment may be postponed.
- Emergency treatment may need to be carried out and risks to individual and foetus must be discussed.
- N.B. Patients with a germ cell tumour may produce a positive test due to their disease. Refer to patient's consultant for advice.

The role of safeguarding

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

- Any young woman thought to be at risk, either through being pregnant or because of the relationship itself e.g. because of coercion or abuse.
- If a girl under 13 years of age is found to be sexually active.
- Girls 16 and under where there is disclosure sexual activity with a partner aged over 18.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
4	All females aged ≥12 years should be offered urine pregnancy testing	Audit	Once every 2 years	Paediatric Oncology Team	Oncology Operational Meetings	Every 2 years

	prior to each cycle of chemotherapy					

References

Lu D, Ludvigsson J, Smedby K et al. Maternal Cancer During Pregnancy and Risks of Stillbirth and Infant Mortality. Journal of Clinical Oncology. 2017;35(14):1522-1529. doi:10.1200/jco.2016.69.9439

National Institute for Health and Care Excellence (NICE). Routine preoperative tests for elective surgery (NICE guideline NG45). UK April 2016. https://www.nice.org.uk/guidance/ng45 [accessed 22nd February 2024]

Pregnancy assessment and testing in teenage and young adult females: TYAC Good practice guide for health professionals. Available at tyac-gpg---pregancy-assessment-and-testing-2022-web.pdf [accessed 22nd February 2024]

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-guidance-clinicians [accessed 22nd February 2024]

Worcester Acute Hospitals Trust (2021) WAHT-KD-017 Guidelines for preoperative pregnancy testing in women of childbearing age.

Contribution List

Contribution List

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

Designation
Paediatric Governance Meeting
WAHT Paediatric Oncology Team

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

Committee
Paediatric Governance Meeting

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Worcestershire Acute Hospitals NHS Trust

Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Dr Charlotte Ratcliffe**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Dr C Ratcliffe	**Specialty Doctor**	**c.ratcliffe@nhs.net**
Date assessment completed	**16/10/2024**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Routine pregnancy testing information for young people receiving systemic anti-cancer treatment (SACT)**			
What is the aim, purpose and/or intended outcomes of this Activity?	To safeguard young people receiving SACT			
Who will be affected by the development & implementation of this activity?	❑ x ❑ ❑	Service User Patient Carers Visitors	x ❑ ❑ ❑	Staff Communities Other _____
Is this:	❑ Review of an existing activity x New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	See references above.			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussions with patients and groups affected. Discussions with members of the oncology team.			
Summary of relevant findings	Found to be acceptable to patients and staff.			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**.

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		This guideline impacts young people from around the age of 12 years up to 18 years who are receiving chemotherapy.
Disability		x		
Gender Reassignment		x		This guideline impacts any young person who has the potential to become pregnant.
Marriage & Civil Partnerships		x		
Pregnancy & Maternity		x		This guideline impacts any young person who has the potential to become pregnant in order to safeguard them.
Race including Traveling Communities		x		
Religion & Belief		x		The impact of pregnancy testing, or pregnancy, may alter according to a person's religion or beliefs. See pages 4-5.
Sex		x		This guideline impacts any young person who has the potential to become pregnant in order to safeguard them.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				

When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	

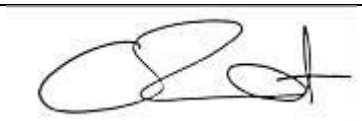
Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	16/10/24
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	


NHS
Worcestershire Acute Hospitals NHS Trust
NHS
Herefordshire Clinical Commissioning Group
NHS
Redditch and Bromsgrove Clinical Commissioning Group
NHS
South Worcestershire Clinical Commissioning Group
NHS
Wyre Forest Clinical Commissioning Group
NHS
Wye Valley NHS Trust
NHS
Worcestershire Health and Care NHS Trust
2gether NHS Foundation Trust
NHS
Taurus Healthcare
worcestershire county council
Herefordshire Council

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.

Appendix 1

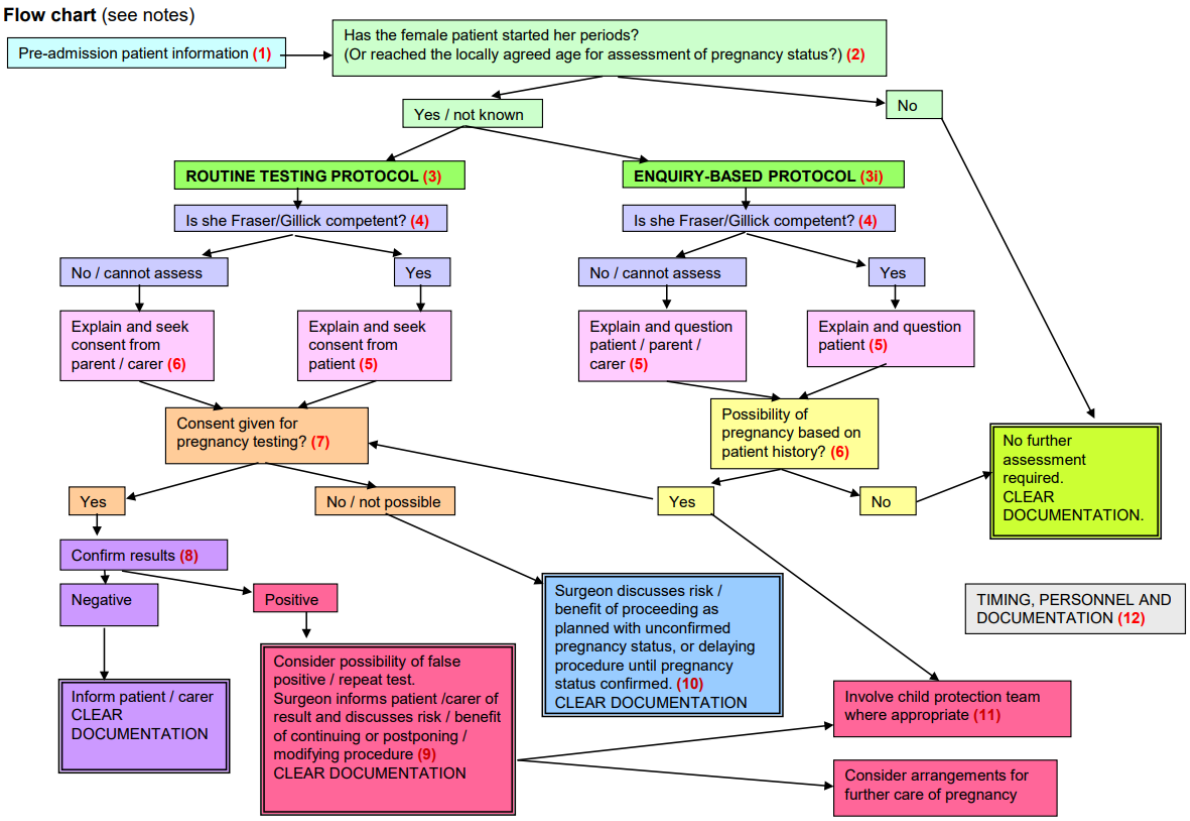


Figure 1: RCPCH flowchart

Appendix 2 : Patient/ parent information leaflet


WAHT-PI-2209 v1.pdf


SACT leaflet version1.pdf