**XXXX Facility**

*Patient Pregnancy Screening Policy*

**EFFECTIVE DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURPOSE**:To outline the process ensuring that no pregnant patient is inadvertently exposed to the static and gradient magnetic fields and radiofrequency (RF) energy.

**PROCEDURE:**

1. Screening: All female patients of childbearing age (as defined by the facility or according to state/local regulations) will be required to complete, sign, and date the pregnancy screening form at the time of registration. The pregnancy screening form includes the following questions:
2. Is there any possibility of pregnancy at this time?
3. What is the date of your last menstrual period?
4. Have you had a tubal ligation or hysterectomy?
5. Questionable Pregnancy Status: If a patient is uncertain of her pregnancy status, she will be provided with the option of either delaying the imaging study until she has received her next menstrual period or contacting her referring physician to arrange for a stat blood pregnancy test (HCG). The imaging study will not be performed until the pregnancy status has been confirmed with the results of the HCG sent to the imaging facility.
6. Positive Pregnancy Status:
7. If the patient is determined to be pregnant and the MRI examination will not be performed, alternative care options will be discussed with the patient by the physician on-site.
8. If the MRI examination is necessary regardless of the pregnancy status, the physician on-site will discuss the potential risks associated with the static and gradient magnetic fields and RF energy versus the benefits of the imaging study with the patient.
9. A consent form outlining the discussion above will be completed and signed by the patient, on-site physician, and witnessing staff member confirming that the patient has been made aware of the potential risks associated with the static and gradient magnetic fields and RF energy, possible alternative care options, and that she consents to the performance of the imaging procedure.
10. Pregnancy screening forms and/or MRI examination consent forms will be retained in the patient’s medical record.

All of our policies are reviewed and updated annually by the members of our Quality Improvement (QI) team.

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| Written by: |  | Date: |  |
| Revised by: |  | Date: |  |
| Reviewed by: |  | Date: |  |
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