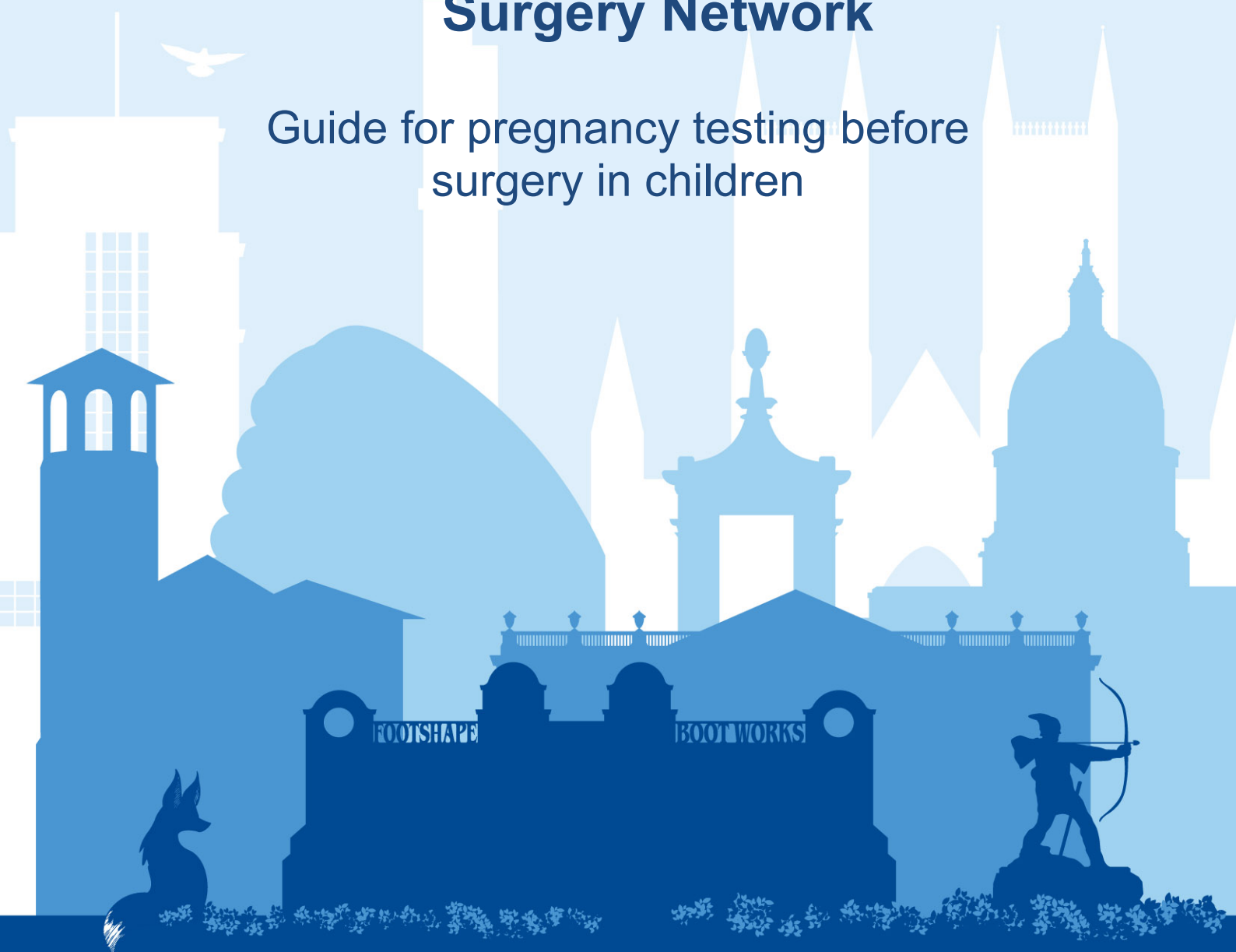


East Midlands General Paediatric Surgery Network

Guide for pregnancy testing before
surgery in children



Guide for pregnancy testing before surgery in children (including positive pregnancy tests)

Title of Guideline	Guide for pregnancy testing before surgery in children
Contact Name and Job Title (author)	Mr. D. W. Colliver, Consultant Paediatric Surgeon and Clinical Lead for East Midlands General Paediatric Surgery Network
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Explicit definition of patient group to which it applies (e.g. inclusion and exclusion criteria, diagnosis)	All female patients of Reproductive capacity (post menarche) scheduled for a surgical and/or radiological procedure
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General Notes:

1. Introduction

Anaesthesia and surgery during pregnancy are associated with an increased risk of miscarriage, premature birth, intra- uterine growth retardation, and infant death¹.

In order to reduce the risks to any unborn child, it is necessary for all females of reproductive capacity (post menarche) to be assessed for the possibility of pregnancy prior to a surgical or radiological procedure or administration of a teratogenic medicine².

A NPSA Rapid Response Alert³ 'Checking Pregnancy before Surgery' was released in April 2010 stating that the possibility of pregnancy should be considered in all female patients (age 12 and over) before surgery and exposure to radiation which could pose risks to mother or foetus.

Pregnancy testing should therefore be offered to women of reproductive capacity in the preoperative setting, and elective surgery should be avoided unless absolutely necessary in pregnant women due to the risks to the mother and child.

Pregnancy testing is usually performed using a urine test, but a venous blood test may also be used. The tests are considered safe, but false negative results may occur- especially in the first few weeks of pregnancy. False positive results may also occur rarely due to other conditions.

The need to determine pregnancy status depends on the risk presented by the anaesthetic, medicine, investigation and /or procedure on the foetus. If pregnancy is confirmed, the risks and benefits of the surgery should be discussed with the patient and/or the parents as appropriate. Elective surgery may be postponed or anaesthetic, surgical or radiological approaches modified if necessary. In emergency situations, confirmation of pregnancy should not delay treatment and should be considered as part of the clinical assessment of risk before surgery.

Obtaining pregnancy status of all females of reproductive capacity undergoing surgical or interventional procedures under GA, radiation exposure, or administration of teratogenic medicines needs to be undertaken in a consistent, sensitive and confidential manner. **In some of these instances, both the law and / or child protection guidelines may have to be considered a priority and, in these instances, the professional's duty of confidentiality to the patient may be overridden.**

In emergency situations, priority is given to lifesaving care of the young woman.

2. Duties and Responsibilities

Local Managers: Local Managers are responsible for ensuring that this policy is disseminated

All qualified healthcare staff members: All qualified staff are responsible for ensuring their practice and delivery of care complies with this Guideline.

Staff involved with determining the pregnancy status of females under 16 should feel confident in handling enquiries and responses around sexual activity and be aware of the legal and safeguarding issues. They should have received safeguarding training in accordance with intercollegiate guidance and follow local procedures should a referral be indicated⁴.

3. When to test for Pregnancy

All females of reproductive capacity, prior to undergoing a potentially harmful procedure to the mother, foetus or pregnancy require assessment for the possibility of pregnancy. This includes, but is not limited to, surgery, administration of a general anaesthetic, radiological investigations or the administration of potentially harmful drugs, i.e. chemotherapy.

Young women aged 12 or over receiving medicines known to be teratogenic should receive counselling regarding pregnancy and sexual health prior to the commencement of treatment (See Appendices A and B). Evidence of this discussion should be documented.

The Ionising Radiation (Medical Exposure) Regulation 2000 (2000 IR(ME)R) and amendments requires employers to have written procedures for enquiring of females of childbearing age to establish whether the individual is or may be pregnant or breastfeeding. It is also the responsibility of the referrer, practitioner and operator to check on the pregnancy status. For detailed information see 2000 IR(ME)R, 2006 IR(ME)R amendment, 2011 IR(ME)R amendment and Royal College of Radiologists Guidelines⁵.

The following process outlines the principles of pre-operative testing²:

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

3.1 Clinical emergencies and long-term conditions⁶

When dealing with major trauma or a clinical emergency it may be impossible or inappropriate to determine pregnancy status through enquiry or consented testing prior to dealing urgently with the patient's condition. Where there is a chance that a patient may be pregnant the lead clinician should consider the radiological or clinical approach and relative balance of risks. For example, acute abdominal pain could be due to an ectopic pregnancy for which a pregnancy test is a necessary diagnostic test. Whether or not enquiry or testing was carried out should be clearly documented with reasons if appropriate. Post-procedural testing should only be carried out if ongoing treatment would be affected by the patient's pregnancy status. Where a patient is undergoing a long-term course of treatment such as chemotherapy, or for young female patients with multiple disabilities, it is expected that the clinician will make a judgement from his/her involvement with the patient whether ascertaining pregnancy status at each visit is appropriate. This decision should however always be documented.

4. Confidentiality

Assessment for the possibility of pregnancy must be approached sensitively and in a simple and clear manner.

Female patients under 16 years who may be pregnant have a right to be asked about pregnancy and the results of testing given in confidence separately from their parent/carer, and any other information should be used in confidence unless there are overriding safeguarding considerations.

Given the responsibility that parents have for the conduct and welfare of their children, professionals should encourage the patient, at all points, to share information with their parents and carers wherever safe to do so⁶.

5. Consent to a pregnancy test

Consent must be obtained for pregnancy testing following specific questioning and provision of any explanation necessary. Sensitive handling of the discussion is required particularly where the age of the patient or indications of cultural sensitivity around premarital or under-age sexual activity are considerations. Surgical consent forms may specifically include mention of the need to determine pregnancy status as part of the consent process. Consent to pregnancy testing should be recorded in the admission documentation, preferably as part of the patient's integrated care plan.

Information provided to the young woman should include:

- The risks associated with surgery, administration of a general anaesthetic, radiological investigations or the administration of potentially harmful drugs to a pregnant female.
- How a pregnancy test is performed
- How the young woman will receive the results
- What will happen after the results

5.1 Consent in young women under 16 years⁷

If the young woman is under 16 years old and is Gillick competent, she can consent for the test for herself.

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.

If she is not Gillick competent, she is not able to consent for herself, and someone with Parental Responsibility may be consulted on her behalf.

5.2 Consent for young women aged 16 years and over

If the young woman is 16 years old or over, staff must assume that she has mental capacity and is, therefore, able to consent to the pregnancy test for herself.

If there are doubts about the young woman's capacity, the clinician must assess her capacity to consent for herself by considering whether she has an impairment of, or a disturbance in the functioning of, the mind or brain that causes her not to be able to make the decision about pregnancy testing at the time. A patient of 16 years or over is not able to make a decision if they are not able to:

- understand the relevant information
- retain the relevant information long enough to make a decision
- use or weigh up that information as part of the decision-making process
- communicate her decision by some means.

If she lacks capacity, she is not able to consent for herself, and someone with Parental Responsibility may be asked to agree on her behalf.

6. Refusal of a pregnancy test

In the event that either the young woman (or the person with Parental Responsibility) refuses the test the healthcare professionals will decide if the procedure can continue.

7. Obtaining the information regarding possibility of pregnancy prior to the procedure

A sample of urine will be collected and the testing carried out on admission.

The result will be recorded on the Pre-operative Checklist as **urine HCG positive or urine HCG negative**. The result must be documented on the pre-operative checklist if going for surgery. Otherwise it should be affixed to the current page of the medical notes.

8. Test results

If the pregnancy test is negative, treatment may then be undertaken. The young woman may still wish help from staff to discuss results with family or carers.

If the pregnancy test is positive, the surgical, radiological or medical team will decide if the procedure should continue or be delayed. It would be prudent to repeat the test if by urine dip and send a confirmatory blood test. The rules for who needs to be told of a positive pregnancy test result vary, depending on the young woman's age and mental capacity.

If any young woman is found to be pregnant, explore the benefits to her of confiding in her parent(s), in another trusted member of her family, and in a service that can support her.

See Flowchart **Appendix B – Flowchart for Pregnancy Testing** for further information.

If a young woman (of any age) feels that she will be at risk of physical danger or harm if her parent(s), carers or partner were informed of a positive pregnancy test result, this must be discussed in line with the trust safeguarding policy and an urgent referral made to the Social Care Team.

If any young woman is found to be pregnant follow up with GP or local maternity service should be made.

9. Reporting Sexual Activity and/or Sexual Abuse/ Child Sexual Exploitation

Although the legal age of consent for sexual activity is 16 years of age, many young people below this age will develop and show an interest in sex and sexual relationships. Guidance on information sharing criteria for referral to Social Care and the Police are discussed here

[http://nottinghamshirescb.proceduresonline.com/p_underage_sexual_act.html].

The Social Care and local Safeguarding Teams must be informed and child protection procedures followed in all reported/ suspected cases of sexual abuse or child sexual exploitation.

Any agency or practitioner who considers a child or young person's sexual activity/ relationship, is or is likely to cause them or another child/ young person significant harm, should make an immediate referral to Social Care.

Discussions can take place with the Social Care Team or Safeguarding without this necessarily constituting a referral where practitioners would find it helpful in decision-making. *This is especially true for those Practitioners who may be unfamiliar with the assessment or processes involved, or who may encounter the situations infrequently.* Practitioners may also make contact with Social Care for advice without divulging the name of the young person in question. However, practitioners in all settings should be mindful of their personal and professional responsibility to take action where abuse is suspected.

Trust staff **must** report some instances of sexual activity – details below. There is also a mandatory reporting duty for Female Genital Mutilation (FGM) that requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police.

Specific circumstances are outlined. **For further information consult:**

http://nottinghamshirescb.proceduresonline.com/p_underage_sexual_act.html

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

<https://hee.nhs.uk/sites/default/files/documents/Child%20sexual%20exploitation%20advice%20for%20healthcare%20staff.PDF>

9.1 Young People Under The Age Of 13

Children/young people under the age of 13 years are not legally capable of giving their consent to any sexual activity intercourse⁸, and are clearly more vulnerable by virtue of their age.

Children/young people, who become pregnant under the age of 13 years, must always be referred to Children's Social Care and the Safeguarding Team.

9.2 Both Partners/Young People Aged 13 - 15

Sexual activity with a young person under the age of 16 remains a criminal offence. For 13-15 year olds, mutually agreed sexual activity – including sexual intercourse – between teenagers of a similar age does not usually lead to prosecution, unless it involves abuse or exploitation.

Where it is consensual and both parties are under the age of 16, there still may be serious consequences for the welfare of these young people.

Young people in this category should be assessed fully against the indicators of abuse. Within this age range, the younger the child/young person, the stronger the presumption that the sexual activity is a matter of concern.

Where there is concern that the young person is suffering or may be at risk of suffering Significant Harm then a referral should be made to Safeguarding and the Social Care Team.

9.3 Young Woman Under The Age Of 16 And Partner Over 16 Years

Alongside considerations outlined above, particular attention should be given to the age and identity of the older partner. As a guide, the greater the age difference between partners the higher the concern will be.

Practitioners should carefully consider a referral to Social Care in these situations. [http://nottinghamshirescb.proceduresonline.com/p_underage_sexual_act.html].

9.4 Young Women Aged 16 Years And Over

In the UK it is legal for young women of 16 years and over to consent to sexual activity if they have the mental capacity to do so. The law requires you to assume they do have capacity to consent, unless they fail a Mental Capacity test.

There are exceptions:

- Where there are issues relating to prostitution (under 18);
- Trafficking (any age);
- Sexual activity with a person with a mental disorder (under 18);
- Sexual activity with a family member (be it a child or adult relative);
- And where there are issues regarding the production of indecent images of children under 18.
- Young people over the age of 16 but under the age of 18 are deemed unable to give consent to sexual activity with any adult in a position of care/trust or a family member as defined by the Sexual Offences Act 2003.

If there are any concerns regarding mental capacity and/or sexual abuse or exploitation, a referral should be made to the Safeguarding and Social Care Team for further assessment.

The Mental Capacity Act (MCA 2005) applies to individuals aged 16 and over and is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. The young woman who lacks capacity should also be provided with an independent advocate (Independent Mental Capacity Advocate or IMCA) who will support them to make decisions in certain situations, such as serious treatment or where the individual might have significant restrictions placed on their freedom and rights in their best interests.

Where concerns are thought likely to persist beyond the young person's 18th birthday and they are deemed a Vulnerable Adult, early discussions should take place with the appropriate Adult Care team to ensure a smooth transition to protection under the local Vulnerable Adult Protection Procedures.

10. Recording information

A record of the communication with the young woman and any actions taken must be documented in the health records.

11. Support for young women, parents and carers

The young woman should be given a printed list of support organisations

Sources of support include:

- NHS Choices: <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/teenager-pregnant.aspx>
- Family Planning Association: www.fpa.org.uk
- Brook: www.brook.org.uk

- www.nhs.uk/Livewell/Sexandyoungpeople
- Worth talking About: <http://www.nhs.uk/worhtalkingabout/Pages/sex-worth-talking-about.aspx>
- The national sexual health line offers free confidential information and advice on sexual health, relationships and contraception on 0300 123 7123
- In many parts of England, teenagers pregnant with their first child can get extra support from their local Family Nurse Partnership. A specially trained family nurse visits the home regularly from early pregnancy until the child is two. A young woman or a professional like a midwife, GP or teacher can refer. <http://fnp.nhs.uk/contact-us>
- “The Young Woman's Guide to Pregnancy” is written especially for women under the age of 20, and includes the real pregnancy experiences of young mums. It is produced by the charity Tommy's and is available free to 16 to 19-year-olds through the Tommy's website: <https://www.tommys.org/pregnancy-information>
- If the young woman is under 20, the Care to Learn scheme can help with childcare costs. The young woman can apply if they going to study at school or Sixth Form College or on another publically funded course in England. <https://www.gov.uk/care-to-learn>
- The young woman is entitled to **free prescriptions and NHS dental care** by provision of a **Maternity Exemption Certificate** signed by a Doctor or a Midwife.
- The Family Planning Association has information about pregnancy choices. <http://www.fpa.org.uk/unplanned-pregnancy-and-abortion/pregnant-and-dont-know-what-do>

12. What should happen next?

The young woman may not be sure if they want to go ahead with their pregnancy. They need accurate information so they can talk through your options and think carefully before they make any decisions. If they not sure what to do, they can discuss it with a healthcare professional. Whatever their age, they can ask for advice confidentially from:

- GP or practice nurse
- a contraception or sexual health clinic
- NHS 111 – available 24 hours a day, 365 days a year

Young women may also want to ask for information or support from:

- Parents or carers
- Close relatives
- Friends
- Their teacher

- Their school nurse
- Midwife

If a young woman discloses sexual activity, a sexual history to determine any issues with sexually transmitted infections (including HIV) and contraception requirements is indicated.

Appendix A – The following pages contain a range of examples and scripts to assist in development of local communication and policies for ascertaining pregnancy status in young female patients under 16 years. Adapted from Pregnancy testing guidance, Tools and Scripts, RCPCH 2012⁹.

Wording and information suggestions for preoperative material and consent (drafted by Mr Rob Wheeler, Chair, Ethics Committee RCPCH and other members of the committee). *The documentation when adapted for local use will need to be clear whether the local policy applies to all females over a certain age (e.g. 12 years) or just those who have started their periods.*

1. Routine pregnancy testing before specific elective procedures: information for parents and young female patients aged 12-16 years

It is very important to ensure that any female patient having this procedure is not pregnant. This is because a pregnant patient and her unborn baby may be harmed by the procedure. All female patients aged 12-16 years or their parents will be asked to give consent to providing a sample of urine for a pregnancy test. Although there may only be a very small/tiny number of pregnancies in this age group, we believe that testing all patients is the most effective way of avoiding the risk of harm. If a pregnancy test is refused we will discuss the safest way of proceeding but we hope you will recognise the reason for our decision. Your understanding will be greatly appreciated.

2. Routine pregnancy testing for emergency procedures: information for parents and young female patients aged 12-16 years.

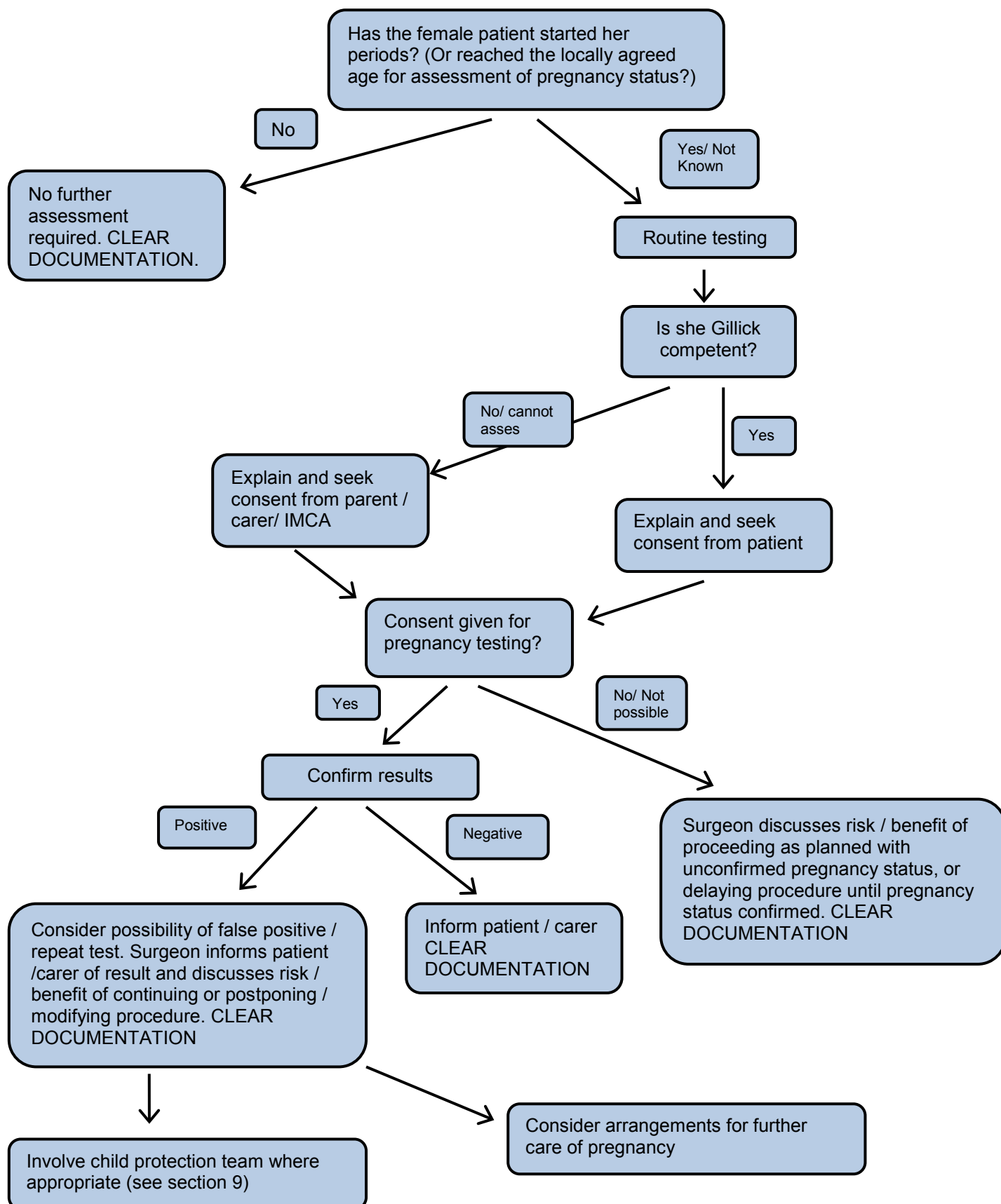
All female patients aged 12–16 years, who are admitted for anaesthesia and surgery are routinely tested for pregnancy when undergoing certain procedures. This is because pregnant patients and/or their unborn babies can be harmed by certain operations, anaesthetic drugs and some scans and X-rays. We believe that, although there may only be a very small/tiny number of pregnancies in this age group, testing all patients is the most effective way of avoiding the risk of harm. It means that, providing consent is given, we will test a sample of urine of all female patients aged 12- 16 years before the procedure is undertaken. If consent for a pregnancy test is refused, we will then discuss the safest way of dealing with the emergency. We are aware of the how stressful emergency admissions can be for patients and their relatives and we hope you recognise the reasons for requesting a pregnancy test. Your understanding will be greatly appreciated.

3. Pregnancy testing before an operation or investigation: suggested wording for information for young female patients

When you need an operation or investigation that needs us to put you to sleep for a little while (anaesthetised), 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 being put to sleep or having an operation is not a good idea during pregnancy. This is particularly

important if you will also need x-rays to be taken while you are anaesthetised. Very soon after becoming pregnant (a woman's period may only be a week or two late), 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 a woman has an operation or investigation during early pregnancy. To check about pregnancy, we need to ask you some questions. These questions can feel quite embarrassing, so you may want to talk about them in private. You should be offered this option. We will need to ask you if you have started your periods, when was the date of your last period, and if there is any possibility that you could be pregnant. This will involve asking if you have had sex and we have to ask this because some girls begin to have relationships with boys earlier than others. If there is any possibility that you could be pregnant, we will ask you if it is OK for us to test a sample of your urine. For most young people, the test will be negative, showing that they are not pregnant, and the operation can go ahead as planned. For a small number of young people, the test may be positive and we would then have to think very carefully about the best way to proceed and to make sure the right care was organised to help with the pregnancy. For some operations, it is usual to check a urine pregnancy test for everyone. You have the right to refuse to allow the pregnancy test, but we would want to discuss the reasons why in order to help us to make the best decisions on how to proceed with your care and keep you safe.

Appendix B – Flowchart for Pregnancy Testing. The following flowchart provides a step-by-step guide to consideration of the issues including parental involvement, consent, safeguarding and actions/decisions required. Adapted from Pregnancy testing guidance, Tools and Scripts, RCPCH 2012⁹.



**From *Pre-procedure Pregnancy Checking for Under 16s: Guidance for Clinicians*,
RCPCH 2012**

More detailed information around consent, confidentiality and disclosure relating to sexual activity in those under 16 can be found in helpful guidance from a range of organisations including the RCOG Faculty of Sexual and Reproductive Healthcare¹⁰, the British Association for Sexual Health and HIV (BASHH)¹¹, Department of Health¹² and RCGP¹³. The ultimate responsibility for these discussions is with the senior surgeon in the team. In the case of contentious situations surrounding consent or when a positive pregnancy test is obtained, a senior member of the surgical team must be involved in leading the discussion and subsequent response.

Advice to Healthcare staff on Child Sexual Exploitation:

<https://hee.nhs.uk/sites/default/files/documents/Child%20sexual%20exploitation%20advice%20for%20healthcare%20staff.PDF>

References

1. Cohen-Kerem R, Railton C, Oren D, Lishner M, Koren G. Pregnancy outcome following non-obstetric surgical intervention. *Am J Surg* 2005;190(3):467-73.
2. NICE guideline [NG45] Published date: April 2016.
3. Rapid Response Report NPSA/2010/RRR011: Checking pregnancy before surgery April 2010.
4. RCPCH. Safeguarding Children and Young People - Roles and Competencies for Healthcare Staff.
[http://www.rcpch.ac.uk/system/files/protected/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20%20\(3\)_0.pdf](http://www.rcpch.ac.uk/system/files/protected/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20%20(3)_0.pdf)
5. Health Protection Agency, The Royal College of Radiologists, College of Radiographers. Protection of Pregnant Patients during Diagnostic Medical Exposures to Ionising Radiation RCE 9.pp12-15.HPA. 2009. Available at: <http://www.hpa.org.uk>
6. RCPCH. Pre-procedure Pregnancy Checking for Under 16s: Guidance for Clinicians.
<http://www.rcpch.ac.uk/system/files/protected/page/pregnancy%20checking%20guidance%20final.pdf>. 2012.
7. Gillick vs West Norfolk and Wisbech Area Health Authority 3 All ER 402 (HL) UKHL 7 (17 October 1985)
8. The Sexual Offences Act, 2003 (c.42), The Stationery Office Limited, Crown copyright 2003:
www.legislation.gov.uk/ukpga/2003/42/pdfs/ukpga_20030042_en.pdf.
9. RCPCH 2012.
http://www.rcpch.ac.uk/system/files/protected/page/Pregnancy%20checking%20supplementarypaper%20tools%20and%20scripts_0.pdf.
10. Contraceptive Choices for Young People, RCOH FSRH Clinical Effectiveness Unit, March 2010:
www.fsrh.org/pdfs/ceuGuidanceYoungPeople2010.pdf
11. United Kingdom National Guideline on the Management of Sexually Transmitted Infections and Related Conditions in Children and Young People, BASHH 2010.
12. DOH. Best practice guidance to doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual or reproductive health. 2004
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/publicationspolicyandguidance/DH_4086960
13. Confidentiality and young people toolkit, RCGP 2011:
www.rcgp.org/clinical-and-research/clinical-resources/child-and-adolescent-health.aspx.