Children's Hospital and Health System
Patient Care Policy and Procedure

This policy applies to the following entity(s):
☒ Milwaukee Hospital and Specialty Clinics ☒ Surgicenter

SUBJECT: Pregnancy Screening, Testing and Care of the Pregnant Patient

Purpose: Through pregnancy screening and testing, Children's Wisconsin (Children's) strives to minimize the potential harmful effects of medical treatment/procedures on a pregnant patient, embryo, and/or fetus.

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Definitions

- **Last Menstrual Period (LMP):** First day of the last menstrual bleeding.
- **Pregnancy Screening:** The process of assessing the possibility of pregnancy with verbal questioning including date of LMP.
- **Pregnancy Testing:** The process of completing a urine pregnancy test which includes point of care testing and/or lab testing.
- **Transgender**: Of, relating to, or being a person whose gender identity is opposite the sex the person had or was identified as having at birth.

POLICY

1. In the areas listed below, female or transgender male patients 11 years of age and older will be routinely **screened for pregnancy** by a nurse, medical assistant (MA), nursing assistant, or technologist with demonstrated competencies, at the start of each encounter or

hospitalization. The screening should be completed before administering any medications, diagnostic studies, or procedures that may be harmful to a fetus.

- EDTC
- Imaging
- Hospital
- Outpatient Specialty Clinic

Outpatient Specialty Clinic Exclusions: Screening is not required in the following encounters: Occupational Therapy, Physical Therapy, Speech Therapy, Audiology, Outpatient Lab, Ophthalmology, Dental Clinic, psychology testing, counseling and education only visits.

2. A **urine pregnancy test will be completed** by a nurse, medical assistant, certified nursing assistant, or technologist with demonstrated competencies prior to any of the following for female or transgender male patients 11 years of age and older AND for patients who are less than 11 years of age who have started menstruation OR unidentified patient with female characteristics (>/= Tanner stage IV):
   - Administration of anesthesia or moderate/deep procedural sedation
   - Administration of chemotherapy
     - A urine pregnancy test must be performed at the beginning of each chemotherapy cycle. If the cycle lasts longer than 21 days, another pregnancy test should be performed.
   - Imaging exams which increase potential for fetal harm based on generally accepted recommendations from the American College of Radiology and the Society for Pediatric Radiology:
     - Multiphase Computed Tomography (CT) studies and CT Angiography studies of the abdomen and pelvis or both
     - CT-guided interventional procedures of the abdomen
     - Gastrointestinal (GI) and Genitourinary (GU) Fluoroscopy Procedures including but not limited to upper GI, small bowel, contrast enema, Voiding Cystourethrogram (VCUG) and Nasojejunal (NJ) tube placement.
3. Pregnant patients can be treated if the primary reason for seeking care is not related to the pregnancy.
   - Need for OB/GYN consultation will be based on patient need.
   - For those patients without an identified pregnancy care provider, OB/GYN will be consulted.
4. Any patient requiring care for pregnancy related issues should be transferred to an adult care facility, in accordance with EMTALA (Emergency Medical Treatment and Active Labor Act).
5. Most pregnant patients ages 13 and under and any age child where there is reasonable suspicion of sexual abuse or assault should be reported to child protective services and/or law enforcement. Refer to *"Child Abuse and Neglect Identification and Reporting"* policy. If unsure about the need to report a pregnant child/youth, consider contacting Child Advocacy and/or enter a social work consult.

PROCEDURE

I. PREGNANCY SCREENING:

A. In the areas listed below, female or transgender male patients 11 years of age and older will be routinely **screened for pregnancy** by a nurse, medical or nursing assistant, or technologist with demonstrated competencies in the following areas at the start of each encounter or hospitalization. The screening should be completed before administering any medications, diagnostic studies, or procedures that may be harmful to a fetus.
   - EDTC
   - Imaging
   - Hospital
   - Outpatient Specialty Clinic
     - Outpatient Specialty Clinic exclusions: Screening will not be performed during the following encounters: Occupational Therapy, Physical Therapy, Speech Therapy, Audiology, Outpatient Lab, Ophthalmology, Dental Clinic, psychology testing, counseling and education only visits.

B. The possibility of pregnancy will be determined via the following screening questions.
   - *"I'm going to ask you a few questions we ask all female patients."*
   - *"Have you started your period?"*
   - *"What date did your last period start?"*

C. If the LMP is beyond 4 weeks or unknown, notify the provider for the possibility of additional testing.

II. PREGNANCY TESTING:

A. , A **urine pregnancy test will be completed** by a nurse, medical assistant or certified nursing assistant, or technologist with demonstrated competencies prior to any of the following for female or transgender male patients who are 11 years of age and older:
   1. Administration of anesthesia or moderate/deep procedural sedation
   2. Administration of chemotherapy
      - A urine pregnancy test must be performed at the beginning of each chemotherapy cycle. If the cycle lasts longer than 21 days, another pregnancy test should be performed.
   3. Imaging exams which increase potential for fetal harm based on generally accepted recommendations from the American College of Radiology and the Society for Pediatric Radiology :

a. Multiphase Computed Tomography (CT) studies and CT Angiography studies of the abdomen and pelvis or both
b. CT-guided interventional procedures of the abdomen
c. Gastrointestinal (GI) and Genitourinary (GU) Fluoroscopy Procedures including but not limited to upper GI, small bowel, contrast enema, Voiding Cystourethrogram (VCUG) and Nasojejunal (NJ) tube placement

B. Obtaining urine sample: Nurse, medical or nursing assistant, or technologist obtains a urine cup and places patient label on cup in front of the patient after verifying two patient identifiers with the patient. (Refer to "*Patient Identification: Matching Correct Patient with the Correct Intervention"* and the *"Lab Specimen Collection, Labeling and Handling (Blood, Body Fluids and Tissue)"* policies and procedures.)
   1. This does not need to be a clean catch, but simply a minimum of 1-2 ml of urine in the cup.
   2. Explain test to the patient and parents. *(Note: Parents will see test on billing.)*
      a. *"It is hospital policy to test for pregnancy. Here is a cup. Please pee into the cup. We need a small amount of pee. When you are done, place the lid on the cup and return to me."*

C. If the patient and/or family refuses the urine pregnancy test:
   1. Document refusal of the test in the medical record and notify the provider.
   2. If provider determines that proceeding with the medication or procedure is indicated **without a pregnancy test**, provider will:
      a. Discuss with the patient and parent/guardian the risks and benefits of proceeding with the medication or procedure without a pregnancy test.
      b. Obtain the parent/guardian informed consent to proceed.

D. If patient is unable to give a urine sample: notify provider to consider ordering a serum pregnancy test.

E. A urine pregnancy test will be completed via department's standards, either via Point of Care Testing (POCT) or sent to lab.

F. If pregnancy test results are:
   1. **Positive for pregnancy**: after documentation of results, notify the provider. Do not start any medication, diagnostic studies, or procedure until further direction from the provider.
   2. **Negative for pregnancy**: after documentation of results, proceed with medication, diagnostic studies, or procedure.

G. Results of pregnancy tests are valid for 7 days or the length of the hospital stay that the testing was completed. If the patient returns for a separate visit beyond 7 days, testing will need to be repeated.

H. Urine must be obtained at time of encounter, not brought to the encounter.

I. Written pregnancy test results obtained from other clinics or hospitals may be accepted provided the results were completed within 7 days prior to the encounter.

III. COMMUNICATION OF POSITIVE PREGNANCY RESULTS TO PATIENT:

A. The provider will share the positive pregnancy results with the patient **in private**, away from any other audience including parent/guardian.
B. The pregnancy should NOT be disclosed to the parent/guardian without permission of the patient. The patient should be encouraged to inform their parent/guardian on their own. There may be exceptions related to abuse or neglect where the parent may be notified.
    1. Consult Social Work if you need assistance. Refer to the *"On Call Schedules"* on the intranet page to contact the Social Worker on call.
    2. Document discussion in the medical record.
    3. Children's cannot guarantee the minor's confidentiality for pregnancy testing results provided at Children's entities due to billing and medical records.
C. If the provider determines that proceeding with the medication or procedure is indicated, provider will discuss the risks and benefits of continuing with the planned diagnostic study, medication or procedure with the patient and/or parent/guardian. Document this discussion in the medical record. If the planned procedure is imaging with ionizing radiation or MRI, written consent by a provider should be obtained prior to proceeding.
D. Elective surgical procedures are automatically cancelled.
E. Follow–up care related to the pregnancy is directed to the patient's primary care provider.

IV. CARE OF THE PREGNANT PATIENT:

A. Any patient requiring care for pregnancy related issues should be transferred to an adult care facility, in accordance with Emergency Medical Treatment and Labor Act (EMTALA).
    1. Pregnant patients seeking care at the Fetal Concerns Center are excluded.
    2. If a pregnant patient under the age of 18 in the first trimester presents to the Emergency Department and Trauma Center (EDTC), and requires treatment for a miscarriage where the EDTC and OB/GYN provider deem treatment is needed in the Children's facility then:
        a. EDTC provider to contact EDTC Charge Nurse and Administrator on Call
        b. Administrator on Call will activate a huddle with EDTC and OB/GYN provider, EDTC Charge RN, PCM on Call, and Risk Management to determine next steps
B. Pregnant patients can be treated (outside of Fetal Concerns Center) when the primary reason for seeking care is not related to the pregnancy.
    1. Consult OB/GYN based on patient need if hospitalized.
    2. Partner with the OB/GYN as needed to provide educational materials to recognize emergency situations.
    3. If OB/GYN consultation is required, consultation will be obtained following standard practice, policies and procedures. Refer to the *"On Call Schedules"* on the intranet page to contact the OB/GYN practitioner on call.

4. For those patients without an identified pregnancy care provider, OB/GYN will be consulted.
5. For pregnant patients with positive alcohol or drug test results:
    a. Notify the provider
    b. The provider will determine if further interventions are needed. Interventions may include, but are not limited to, the following:
        i. Consultation with Child Advocacy
        ii. Continued lab testing
        iii. Reporting to Child Protective Services

    See related policies: *Consent for Treatment*, and *Child Abuse, Neglect Identification and Reporting*

C. Most pregnant patients ages 13 and under and any age child where there is reasonable suspicion of sexual abuse or assault should be reported to child protective services and/or law enforcement. Refer to *"Child Abuse and Neglect Identification and Reporting"* policy. If unsure about the need to report a pregnant child/youth, consider contacting Child Advocacy and/or ask for a social work consult.
D. If patient develops emergent signs or symptoms, follow the emergency response for your location (RRT, code, call 911, or MD to MD transfer to adult facility). See Addendum A.

References:

- American College of Radiology – Society of Pediatric Radiology, Practice Parameter For Imaging Pregnant or Potentially Pregnant Adolescents and Women With Ionizing Radiation, Revised 2023 (Resolution 31)
- American College of Obstetricians and Gynecologists Committee Opinion Number 474, Committee on Obstetric Practice. Nonobstetric Surgery During Pregnancy. http://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co474.pdf?dmc=1&ts=20141013T1551357449. Accessed June 8, 2017.
- American Society of Anesthesiologists Pregnancy Testing Prior to Anesthesia and Surgery Committee of Origin: Quality Management and Departmental Administration (Approved by the ASA House of Delegates on October 26, 2016; amended October 13, 2021) https://www.asahq.org/standards-and-practice-parameters/statement-on-pregnancy-testing-prior-to-anesthesia-and-surgery. Accessed April 17, 2024.
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- Patient Care Protocol "Urine Pregnancy POC Test" Unit/Department-Based EDTC
- Cote CJ, Lerman J, Anderson BJ. Preoperative Evaluation, Premedication, and Induction of Anesthesia. *A Practice of Anesthesia for Infants and Children, 5th ed. 2012.* p38.
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Addendum A

Emergency

Emergency

The Joint Commission

SpeakUp™

Speak Up™ for New Parents

Having a baby is a life-changing experience for new parents. It is important to be alert to signs and symptoms that you need to get medical help. Remember, if you or your advocate think something is wrong, speak up!

Know how to spot signs of hypertension and preeclampsia

Before, during and after pregnancy you may have high blood pressure, also called hypertension. It can occur with preeclampsia, a serious condition that can affect your baby and lead to other problems. Contact your OB provider if you experience any of these symptoms:

- Swelling
- Headaches
- Pain in your lower back or shoulders
- Pain in your upper right side not related to contractions
- Nausea
- Sudden weight gain of more than 3 to 5 pounds
- Vision changes
- Shortness of breath

TIPS:

- Never miss a prenatal doctor visit.
- Be sure your OB provider checks your urine for protein.
- Keep a record of your blood pressure so you will know if it changes.
- Count your baby's "kicks." After you eat a meal, lay down. Your baby should move about 10 times in an hour. If you do not feel your baby moving as normal, contact your OB provider.

How to spot signs of hemorrhage

Hemorrhage is severe bleeding during or immediately after birth. Call a nurse or ask for help if you think you are bleeding more than you should be. Warning signs of hemorrhage include:

- Soaking a pad in less than an hour
- Developing large, quarter-sized blood clots
- Dizziness after getting up from a chair or bed
- Increased heart rate
- Shortness of breath
- Weakness
- Not having to urinate
- Feeling cool or clammy
- Feeling thirsty

TIPS:

- Early in your pregnancy, let your OB provider know if you have anemia, a history of bleeding, have received blood, or if you plan to decline receiving blood during an emergency.

Be aware of the signs of infection

New moms are at risk for infection. Call your OB provider if you experience any of these signs:

- Low-grade fever
- Chills
- Lower abdominal pain
- Muscle aches
- Fatigue
- Foul-smelling discharge
- Warm, painful redness near surgical incision site
- Headaches
- Paleness
- Loss of appetite
- Rapid heart rate

TIPS:

- Wash your hands often.
- Watch to see that caregivers wash their hands.
- Ask visitors to wash their hands.

Ask for help if you are feeling symptoms of depression

It's not unusual for new mothers to experience the baby blues. If you have any of the following signs for longer than two weeks after giving birth, you may need to seek help:

- Difficulty eating or sleeping
- Feelings of helplessness or sadness
- Not wanting to get out of bed
- Avoiding contact or bonding with your baby
- Thoughts of harming yourself or your baby

TIPS:

- Know that you are not alone. Postpartum depression affects 10 to 20% of new mothers.
- Talking about these feelings with your OB provider is important and there are resources to help.

The goal of Speak Up™ is to help patients and their advocates become active in their care.

Speak Up™ materials are intended for the public and have been put into a simplified (i.e., easy-to-read) format to reach a wider audience. They are not meant to be comprehensive statements of standards interpretation or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up™ materials. Speak Up™ materials are available to all health care organizations; their use does not indicate that an organization is accredited by The Joint Commission.

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