

## **GUIDELINES FOR THE CHECKING OF PREGNANCY STATUS BEFORE SACT**

### **Purpose of the Guidelines**

The aim of these guidelines is to establish the likelihood of potential pregnancy in all females who are aged 12-55 years before they receive Systemic Anti-Cancer Therapy (SACT).

To ensure that all women who have started menstruating (regardless of age) or aged 12-55 years are given suitable information advising them of the need to ascertain pregnancy status prior to administration of SACT.

To ensure that the outcomes of the pregnancy test, when performed, is checked and recorded in the appropriate documentation.

### **Introduction**

Cancer itself rarely affects the growing baby directly. But having cancer, and treatment for cancer, while pregnant can be complicated for both the mother and the health care team.

The potential risks for a patient to be or become pregnant prior to or during SACT should be clearly discussed prior to commencing treatment.

### **Responsibilities**

It is the responsibility of the medical practitioner to establish pregnancy status at the initial consultation and to advise the patient of the risk should she become pregnant before or during SACT.

- Advice on abstinence/ contraception should be given to the patient by the practitioner and this should be documented on the patient consent to systemic anti-cancer therapy form.

- The medical practitioner should document the patient's response on RISOH in the initial SACT assessment questionnaire, prior to initial cycle of SACT.
- Where pregnancy status is irrelevant, the medical practitioner must document appropriately.
- If pregnancy cannot be excluded (i.e. the patient is uncertain), the medical practitioner must ensure a blood test is obtained to check pregnancy status.
- It is the medical practitioner's responsibility to document the result of this pregnancy test within the initial SACT assessment in RISOH.
- If a patient who states they could be pregnant refuses to consent to a pregnancy test, the patient's Consultant must clearly document this, along with authorisation to proceed with SACT administration.
- Prior to administering the initial cycle of SACT, nursing staff must confirm that pregnancy status is documented on RISOH in the initial SACT assessment questionnaire.
- If there is any deviance, the nurse must contact the medical practitioner for guidance on how to proceed prior to administering SACT.
- All female patients between the ages of 12 and 55 years who are prescribed Pomalidomide, Lenalidomide and Thalidomide must have a pregnancy test performed prior to each cycle of chemotherapy.

### **Asking the question:**

- Consideration should be given to the dignity of the patient.
- Privacy should be secured.
- All patients should be treated with respect, with staff being aware of the particular sensitivities of this subject.
- In the event that pregnancy cannot be excluded, informed consent to undertake the pregnancy test should be obtained and documented.

### **Pregnancy Test**

In instances where pregnancy cannot be excluded a sample of peripheral blood will be obtained before cycle 1 SACT. The blood sample should be sent to the biochemistry lab in a separate yellow topped bottle, labelled 'bHCG for pregnancy'.

The result of this pregnancy test must be checked and documented by the medical practitioner prior to administration of SACT.

***Should the pregnancy test be positive a consultant or registrar must inform the patient and the patient should be referred to gynaecology/obstetrics for ongoing management and support.***

### **Particular considerations required in checking the pregnancy status of Young People aged from 16 to 18 Years**

Young people from 16 to 18 years should be asked in private “are you or might you be pregnant?” If the young person is pregnant she should be offered the support of the Hospital Social Worker and referred to other services for example Midwifery Services.

Professionals should explain, in a positive and sensitive way the reason for sharing information and provide reassurance that the young person’s information will be handled in a thoughtful and supportive manner.

### **Further Information**

- National Patient Safety Agency 2010 RRR 011 „Checking Pregnancy before Surgery. [http: www.npsa.org.uk](http://www.npsa.org.uk)
- National Institute for Health and Clinical Excellence. Preoperative tests: the use of routine preoperative tests for elective surgery. Clinical Guideline 3.NICE. 2003. Available at: <http://www.nice.org.uk>
- The Sexual Offences (N.I.) Order 2008
- Regional Child Protection Policy and Procedures (2005) Amended 2008 Chapter 2:17



## Patient Information Leaflet

### Confirmation of pregnancy status before commencing chemotherapy.

When you attend the treatment unit, you will be asked you “could you be pregnant?”. If there is any possibility that you could be pregnant you must inform your doctor at this point. If there is a possibility of pregnancy, the doctor will request a blood sample to check pregnancy status prior to commencing your first cycle of chemotherapy.

You should be aware that all contraception methods including sterilization can have a failure rate, so these questions will still be asked regarding the date of your last menstrual period and recent sexual activity.

If a pregnancy test is required and proves positive your consultant will be informed and options will be discussed with you.

Although chemotherapy can reduce fertility, it is possible for you to become pregnant during treatment. A new pregnancy should be avoided during chemotherapy as there is a risk that the drugs could harm the developing baby. For this reason you should use a reliable method of contraception throughout your treatment and for up to 6 months after the end of treatment.