

Protocol for Radiologic Imaging of Pregnant Patients

At Dr. Lee's request, I met with Dr. Moise of the Dept. of Obstetrics and Gynecology to discuss imaging of pregnant patients. The following are the guidelines we agreed upon. These guidelines have not yet been presented to other departments or distributed hospital wide, however as a general rule for all services, an attending physician must assess a pregnant patient prior to ordering an imaging study as described below.

1. Prior to ordering any radiologic study, a fellow or attending staff obstetrician/gynecologist will write a note in the chart describing the indication for the study and confirming that this was discussed with the patient. Exceptions to this include any study involving body parts above the diaphragm or below the hips, including extremity films. Radiation exposure should be used judiciously and kept to a minimum.
2. Informed written consent for radiation/radiofrequency pulse exposure (MRI) and specific imaging study will be obtained by a radiologist at the time of the study. Exceptions to this are as above. Radiation dose will be discussed with the patient and estimated as requested using data provided by our radiation physicist.

Specific clinical situations:

1. Suspicion of obstructing ureteral stone
 - a. <24 weeks gestation – limited IVU consisting of scout film, 10 minute film and the minimal number of additional films required
 - b. >24 weeks gestation – helical CT per renal colic protocol. IVU can be substituted but often requires many films, delivers a higher radiation dose, and is more difficult to interpret.
2. Upper or diffuse abdominal pain with suspicion of cholecystitis, pancreatitis or pyonephrosis
 - a. Ultrasound of the abdomen
3. Lower abdominal pain with suspicion of adnexal mass, including appendicitis
 - a. MRI of the abdomen and pelvis, Gd-DTPA is to be used judiciously when required to determine the diagnosis but must be avoided entirely during the first trimester
4. Cancer staging of abdomen and pelvis
 - a. MRI, with IV Gd-DTPA, except during the first trimester
5. Screening for active maternal tuberculosis
 - a. PA plain film of the chest
6. Cancer staging of the chest, diagnosis of pulmonary embolism, other serious chest disease
 - a. CT of the chest with intravenous contrast agent and appropriate protocol
 - b. V/Q scan may be used as an alternate to contrast-enhanced CT of the chest for the diagnosis of pulmonary embolism
7. Maternal trauma
 - a. CT with IV contrast as per standard trauma protocol

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