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Pregnancy Testing of Girls of Child Bearing Age (who are menstruating) Before Procedures and Treatments Procedure

Introduction and Aim

There is evidence which indicates that some surgical / radiological treatments carry the risk of spontaneous abortion and inter-uterine growth retardation. The slight increased risk in spontaneous abortion is more apparent in the first trimester and the risks are both to the mother and the foetus. In order to reduce the risks to any unborn child, it is necessary for all females of child bearing age to be assessed for the possibility of pregnancy prior to these treatments.

This procedure supports the Pregnancy Testing of Girls of Child Bearing Age Before Procedures and Treatments Policy.

The aim of the policy and supporting procedure is to ensure that a systematic approach is followed by healthcare professionals working in all areas and departments within the UHB to ensure that pregnancy testing of all girls who have commenced menstruation is undertaken in a consistent, sensitive and confidential manner and that safe treatment is delivered to this group of patients.

A patient information leaflet is contained at Appendix 1 to fully inform patients, and a staff checklist at Appendix 2 to assist staff in following this procedure.

Objectives

- To reduce the risks to any unborn child when a girl of child bearing age is to undergo procedures both surgical and radiological involving the lower abdomen or pelvis
- To ensure that additional precautions relating to potential pregnancy are taken prior to girls of child bearing age undergoing the procedures and treatments listed
- That appropriate steps are taken in reported / disclosed cases of sexual activity of girls aged 13 years or younger, in cases of sexual activity in girls aged between 14 and 16 years of age and if any girl is found to be pregnant, and in 16/17 year olds where there is reason to doubt their mental capacity to consent to sex.
- That individual responsibilities are clear and appropriate consideration given to confidentiality and safeguarding
- That in emergency situations priority is given to the lifesaving care of the girl.

Scope

This procedure applies to all of our staff in all locations including those with honorary

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| contracts. | |
| Equality and Health Impact Assessment | <p>An Equality and Health Impact Assessment has been undertaken to establish any possible or actual impact that this procedure may have on any groups in respect of their sex, maternity and pregnancy, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.</p> <p>The assessment found that there was an overall positive impact to the equality groups mentioned. A potential negative impact in relation to religion was identified; this has been recognised within the document and where appropriate we will take the necessary actions required to minimise any stated impact, and to ensure that we meet our responsibilities under the equalities and human rights legislation.</p> |
| Documents to read alongside this Procedure | <p>Policy for the Pregnancy Testing of Girls of Child Bearing Age Before Procedures and Treatments</p> <p>The All Wales Girl Protection Procedures</p> <p>Consent to Examination or Treatment Policy</p> |
| Approved by | Quality Safety and Experience Committee |

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| Accountable Executive or Clinical Board Director | Executive Nurse Director |
| Author | Directorate Lead Nurse Acute Child Health |

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate

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Summary of reviews/amendments

| Version Number | Date of Review Approved | Date Published | Summary of Amendments |
|----------------|-------------------------|----------------|-----------------------|
| 1 | | | New Procedure |
| 2 | 18/02/2020 | 03/03/2020 | Updated |

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1 Duties

- 1.1 All health care professionals are responsible for ensuring their practice complies with this procedure.
- 1.2 It is the responsibility of local Managers to ensure that all their relevant staff are aware of the procedure and the documents to be read alongside it.

2 Application

- 2.1 This procedure applies to all girls of child bearing age who are menstruating prior to undergoing:
 - Radiographic examination of the lower abdomen/pelvic area
 - All nuclear medicine exposures
 - Any surgical procedure
 - Any anaesthesia
- 2.2 X-ray examinations in which the primary beam will not irradiate the lower abdomen or pelvis can proceed without additional precautions relating to potential pregnancy.

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- 2.3 In emergency situations, priority is given to the lifesaving care of the girl.

3 Privacy, Confidentiality and Capacity

- 3.1 Privacy and confidentiality should be respected when applying this procedure and the girl taken to one side to ask the questions in a simple and clear manner.
- 3.2 In some of these instances, both the law and / or safeguarding guidelines may have to be considered a priority, and in these instances, the professional's duty of confidentiality to the patient is overridden.
- 3.3 The practitioner will need to use professional judgment as to whether a young girl is competent (Gillick/Frazer competence) to answer questions and make a decision about pregnancy testing without a parent or guardian present. If the girl is deemed not competent to answer such questions, discussion should take place with someone with Parental Responsibility present.
- 3.4 An assumption must not automatically be made that a young girl with learning disabilities is not competent to answer questions. Many girls will be competent if information is presented in an appropriate way and they are supported through the decision making process. There may be a need to include their carer to provide this support.

4 Communication

For patients with communication needs i.e. requiring an interpreting service, sign language etc. staff must follow UHB Policy and book the appropriate interpreter before the consultation.

5 Assessment Process

- 5.1 Staff can use the checklist provided at Appendix 2.
- 5.2 Questioning should be part of a routine assessment process. Prior to any questioning explain that these particular questions, although sensitive, will be asked routinely of all females of the same age group. The format which the questioning will take will be to ask the girl if she has started menstruating.

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- 5.3 If the girl has not yet started menstruating, record this in the patient notes and proceed with the procedure.
- 5.4 If the patient has missed a period, a negative pregnancy test on the day of the procedure can be accepted as excluding pregnancy only in consultation with the relevant Consultant. Practitioners must be aware that urine pregnancy tests may give false negative results in early pregnancy (between 14 and 28 days of the last menstrual period for a 28 day cycle).
- 5.5 If a pregnancy test is requested by the Consultant prior to any decision about performing the procedure, a verbal explanation of the policy will be given to the girl and her consent has to be obtained. An information leaflet will also be given (see Appendix 1). Staff should assess if the young girl is deemed to be Gillick/Fraser Competent or whether there is a reason to doubt her mental capacity to decide for herself if aged 16/17 years, If she is not, a discussion should take place with the senior person in charge and consent must be sought from a person with parental responsibility for her (if under 16 yrs. or by making a best interests decision if aged 16/17 yrs.) If the girl refuses to consent all reasonable efforts should be made to persuade her.
- 5.6 The girl will be asked to provide a urine sample. All reasonable adjustments need to be made to assist a young girl with a physical disability or learning disability in providing a urine sample.
- 5.7 Treatment may then be undertaken, dependent upon the outcome of the urine screening.

6 Safeguarding

- 6.1 In all reported / disclosed cases of sexual activity of a girl aged 13 years or younger, the named nurse or doctor for safeguarding must be informed, and safeguarding procedures will be followed, irrespective if the act was consensual or not (follow the All Wales Girl Protection Procedures).
- 6.2 In cases of sexual activity in girls aged between 14 and 16 years of age, consideration should be given to discuss the case with the named nurse or doctor for safeguarding. If a decision is made to make a referral to Social Services, the practitioner should discuss this with the girl to try to obtain her agreement to pass the information on. If the girl is aged 14-16 years and is not competent to consent to sex a referral to

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safeguarding must be made. However, if the practitioner believes that the health, safety or welfare of the girl is at risk, then they have a duty to disclose the information, but must inform the girl of these actions. Follow The All Wales Child Protection Policies and Procedures.

- 6.3 In the case of girls aged 16/17 yrs. where there is reason to doubt the girls capacity to consent to sex and she appears to have engaged in sexual activity, a referral must be made to the safeguarding team.

7 Finding of Pregnancy

- 7.1 If any girl is found to be pregnant, they should be advised to speak with their GP, or other associated professional.
- 7.2 Explore the benefits to the girl of confiding in her parents or another member of her family who can support her taking into account any religious / cultural beliefs. If there are religious or cultural issues that arise then they should be discussed with the girl as appropriate. If the girl feels that she will be at risk of physical danger if her parents / carers were informed, this must be discussed with a senior person on duty / safeguarding professional before she is discharged.
- 7.3 The clinician caring for the girl must advise her that her GP will be informed. The girl must be given the opportunity to express an opinion on this and where indicated, give her consent. If the girl refuses, all reasonable efforts should be made to persuade her that it is in her best interests to do so, in order to ensure continuity of care for her and to enable the GP to provide care for her on an informed basis. However, if she continues to refuse to allow her GP to be informed and she is aged 13 years or under or the practitioner considers it to be in the best interest of the girl or the public, the GP should be informed in writing, and the girl advised of this action.
- 7.4 A record of the communication with the girl and GP and any actions taken, must be documented in the health records.
- 7.5 If the girl is 14 years old or over, she must have the opportunity to receive the results confidentially.
- 7.6 The girl should be given a printed list of support organisations.
- 7.7 Staff should respect the girl's right to confidentiality and must not disclose any information to her parents / carers without consent.

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8. Relevant Training

- 8.1 All staff require Level 2 safeguarding training. Staff will attend the UHB mandatory Safeguarding training programme.
- 8.2 All staff will require training in confidentiality. Information Governance training forms part of the UHB's mandatory training programme therefore all staff are required to attend.
- 8.3 Training using a cascade system following a formal launch will be implemented. This will include a presentation to all staff through the Acute Child Health Forum, and a presentation to the ward managers. Ward managers will cascade to the ward teams.

9. Dissemination

This procedure and policy will be disseminated throughout the UHB to all relevant UHB staff using the following strategy:

- Addition of the document to the UHB Intranet and a link to this will be made available on the Acute Child Health S Drive
- Communication via email to all UHB Clinical staff
- Notification via the UHB Intranet Web site
- Distribution of hard copies to each Clinical area within the UHB
- Presentation to the ward managers
- Link via Acute Child Health Nursing Facebook Page (closed group)

10. Monitoring Compliance

- Compliance and effectiveness will be monitored through local audit and fed back to the Acute Child Health Quality Safety and Patient Experience meetings.
- Any issues of non-compliance with this procedure should be reported via the incident reporting system and trends monitored by individual directorates and reported by exception to the Clinical Board's quality and safety groups.

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Appendix 1

Information Leaflet Pregnancy Testing in Girls of child bearing Age before Procedures and Treatment

There is evidence that some treatments carry a risk of harming unborn babies during pregnancy. These treatments can include x-rays, scans, operations, some medicines plus many, many more. In order to limit the risk of harm to an unborn child we need to find out if girls of child bearing age may be pregnant.

What does “of child bearing age” mean?

This means girls:

- Who have started their periods
- Who have stopped their periods or have an irregular cycle for whatever reason (this may be due to illness)

What questions will I be asked?

You will be asked if you have started your periods, and if so, when your last period was.

Depending on the date of your last period a pregnancy test may need to be carried out. The results will be given to you by an appropriate health care professional e.g. the doctor or nurse in charge of your care. If the result of the pregnancy test is positive your treatment may still be completed but may have to be done at a later date.

If the result of the pregnancy test is negative, your treatment, examination or procedure will take place as planned.

Will everything that I say be kept confidential?

None of the hospital staff will share information about you without your agreement unless they consider that your health, safety or welfare is at risk. They will talk with you to encourage you to share that information with others if necessary.

If you are pregnant and aged 13 years or under, it will be necessary for the hospital staff to share information with our safeguarding team and Social Care Services.

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**Do you have any questions you would like to ask?
Write them down here so that you remember them.**

Who can I speak to if I have any other questions?

- You can talk through concerns with your parent(s), carer(s), a close relative or friend
- You can discuss any concerns with the doctor or nurse who is caring for you at the hospital
- You may prefer to speak to your teacher, school nurse, practice nurse or family doctor (GP)

There are also other places and useful websites where you can find further information, advice and support:

- Family Planning Association: www.fpa.org.uk
- Brook Advisory Service: www.brook.org.uk
- www.nhs.uk/Livewell/Sexandyoungpeople

We have a duty to help children, young people and families understand how information about them is kept and shared and we include the following information in all our patient leaflets.

Looking after and sharing information about you

Information is collected about your health problem, treatment and care. We store it in written patient records and electronically on a computer. As part of your care and treatment we may have to share some of your information with other people and organisations who are either responsible or directly involved in your care. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after you.

This leaflet has been produced in consultation with the Senior Nurse Child Health, Lead Nurse for Safeguarding.

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Appendix 2

Staff Checklist Pregnancy Testing of Girls Prior to Procedures and Treatment

1. Ask the girl if she has commenced menstruation and document her answer.
2. If menstruation has not commenced, the treatment, examination or procedure should be undertaken.
3. If menstruation has commenced, ask whether or not the cycle is regular and the date of her last menstrual period (LMP). Document the answers in the medical notes.
4. Refer to the flow diagram Appendix 3 to check if date of her LMP is safe for the procedure to be carried out.
5. Consult with the relevant Consultant if LMP falls outside of the safe period. A decision will be made regarding the need for a pregnancy test.
6. If a urine pregnancy test is requested, give an explanation of the policy to the girl/family/carers.
7. Ensure that the explanation is followed up with a copy of the information leaflet for young people – Pregnancy testing in girls of child bearing age before procedures and treatments (Appendix 1)
8. Explain that adverse consequences can occur to the unborn child if exposed to certain procedures and treatments.
9. Gain consent from the girl and perform a pregnancy test.
10. If the result is negative, the treatment, examination or procedure should be undertaken.
11. If the pregnancy test is positive, the girl should be encouraged to speak with her GP, practice nurse, Brook or her alternative chosen support.
12. If the girl discloses sexual activity and is aged 13 years or under, the professional involved must notify the named nurse or doctor for girl safeguarding.

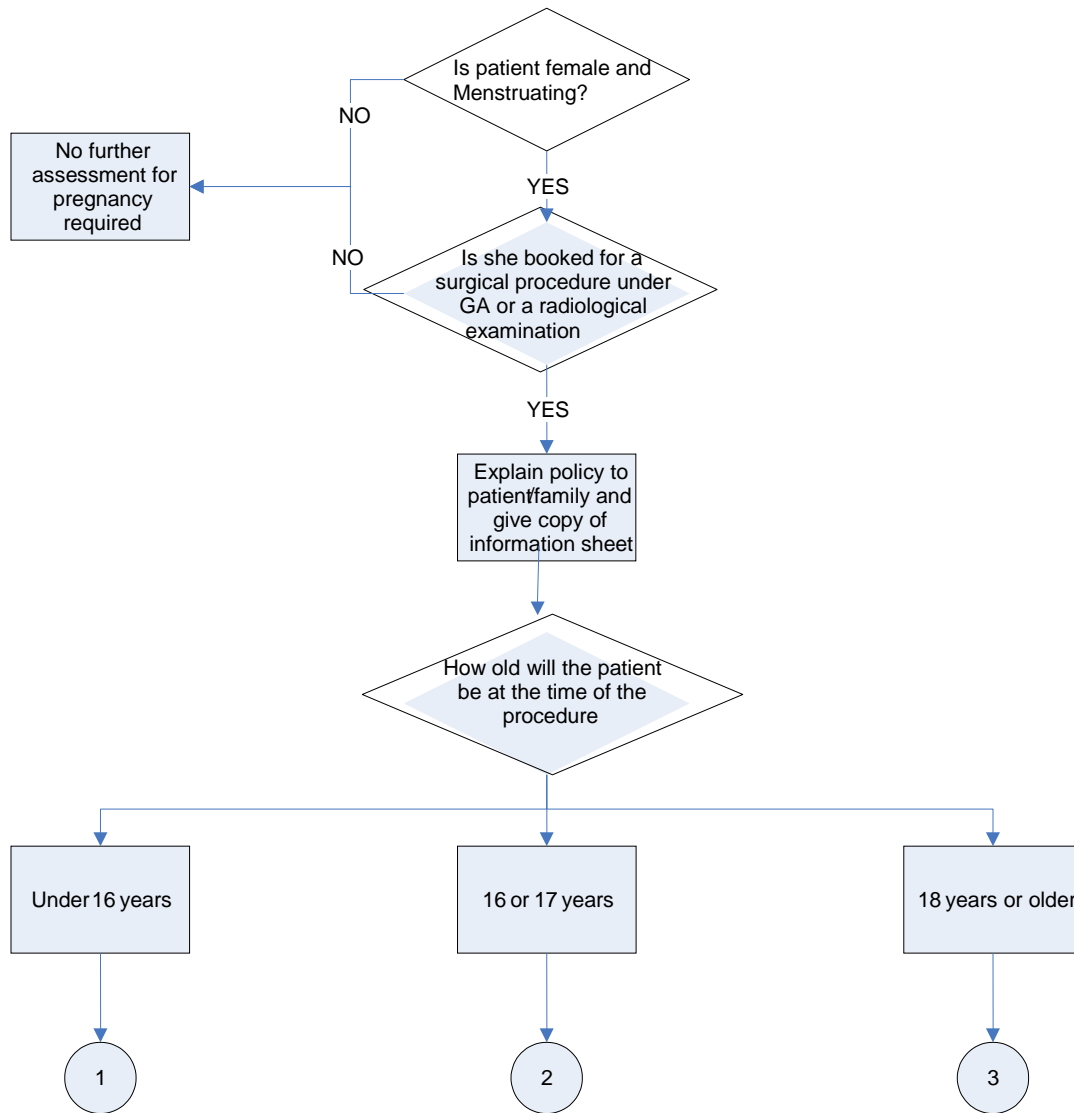
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13. If the girl discloses sexual activity and is aged between 14-16 years of age, then the practitioner must make a judgement as to whether a discussion with the named nurse or doctor for safeguarding is necessary.
14. Where a girl (aged under 16 yrs.) lacks Gillick/Frazer competence or in the case of a girl 16/17 yrs. where there is reason to doubt her mental capacity to consent to sex and there is evidence of sexual activity, referral to the safeguarding team must be made.
15. The duty of the doctor or nurse is to inform the girl that they would like to share information with the GP and Liaison Health Visitor if it is in their best interests.
16. In emergency situations e.g. an unconscious girl, priority is given to any lifesaving care which they may require.
17. Relevant information must be documented in the girl's health records.
18. Contact details of independent advisors should be given to the girl as appropriate.

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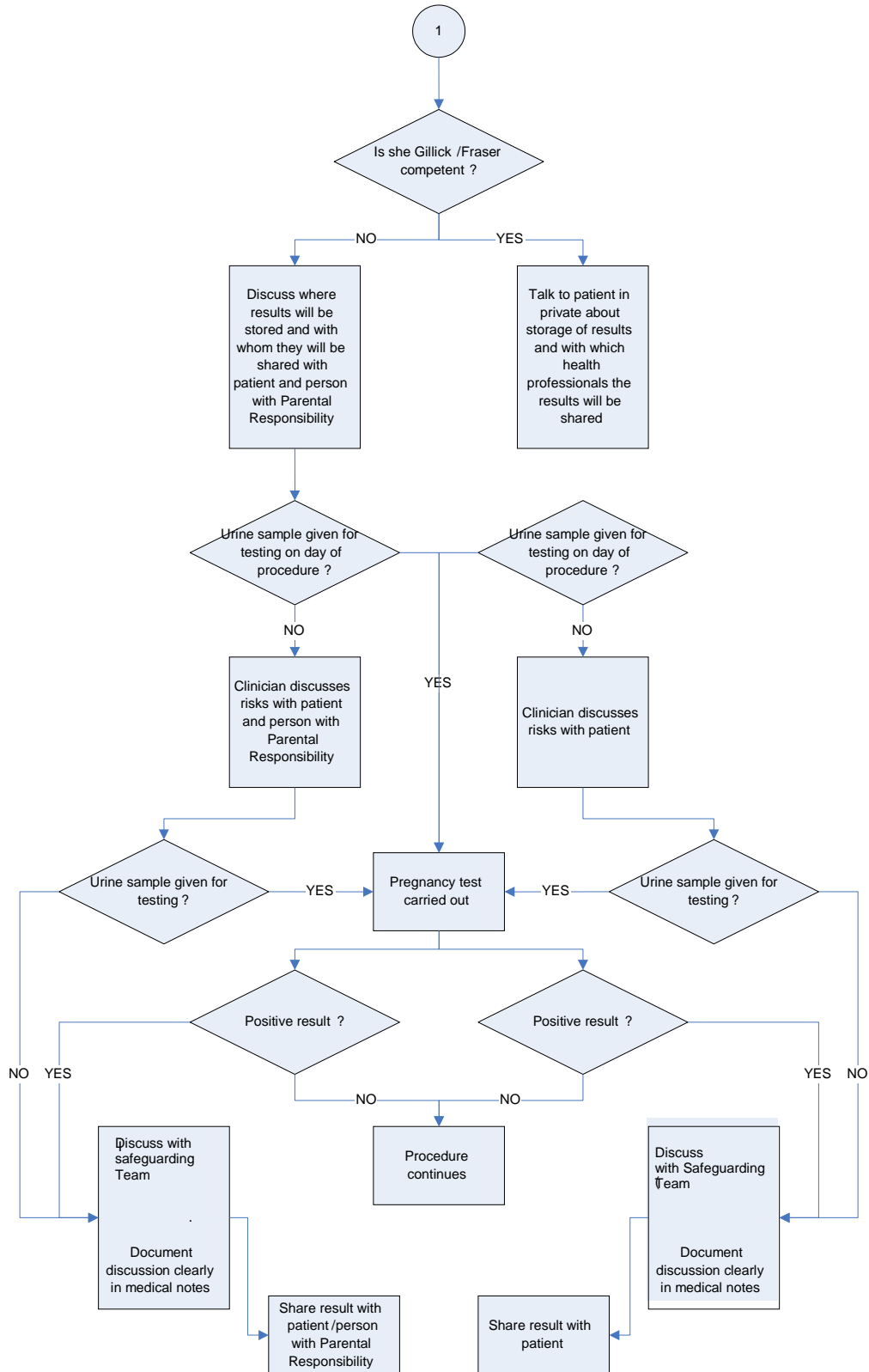
Appendix 3

Flow diagram of actions for pregnancy testing



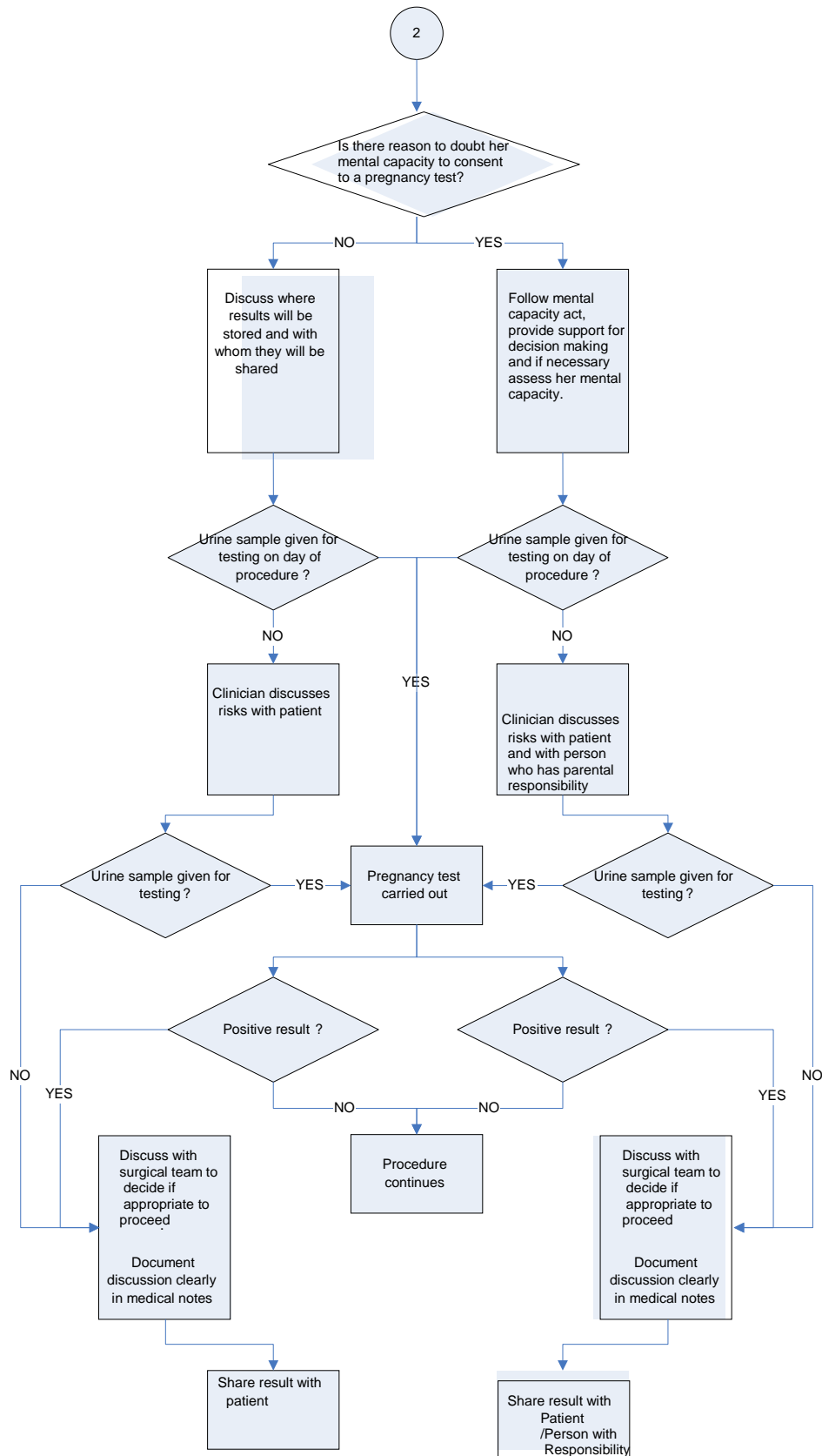
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Patient under 16 years old



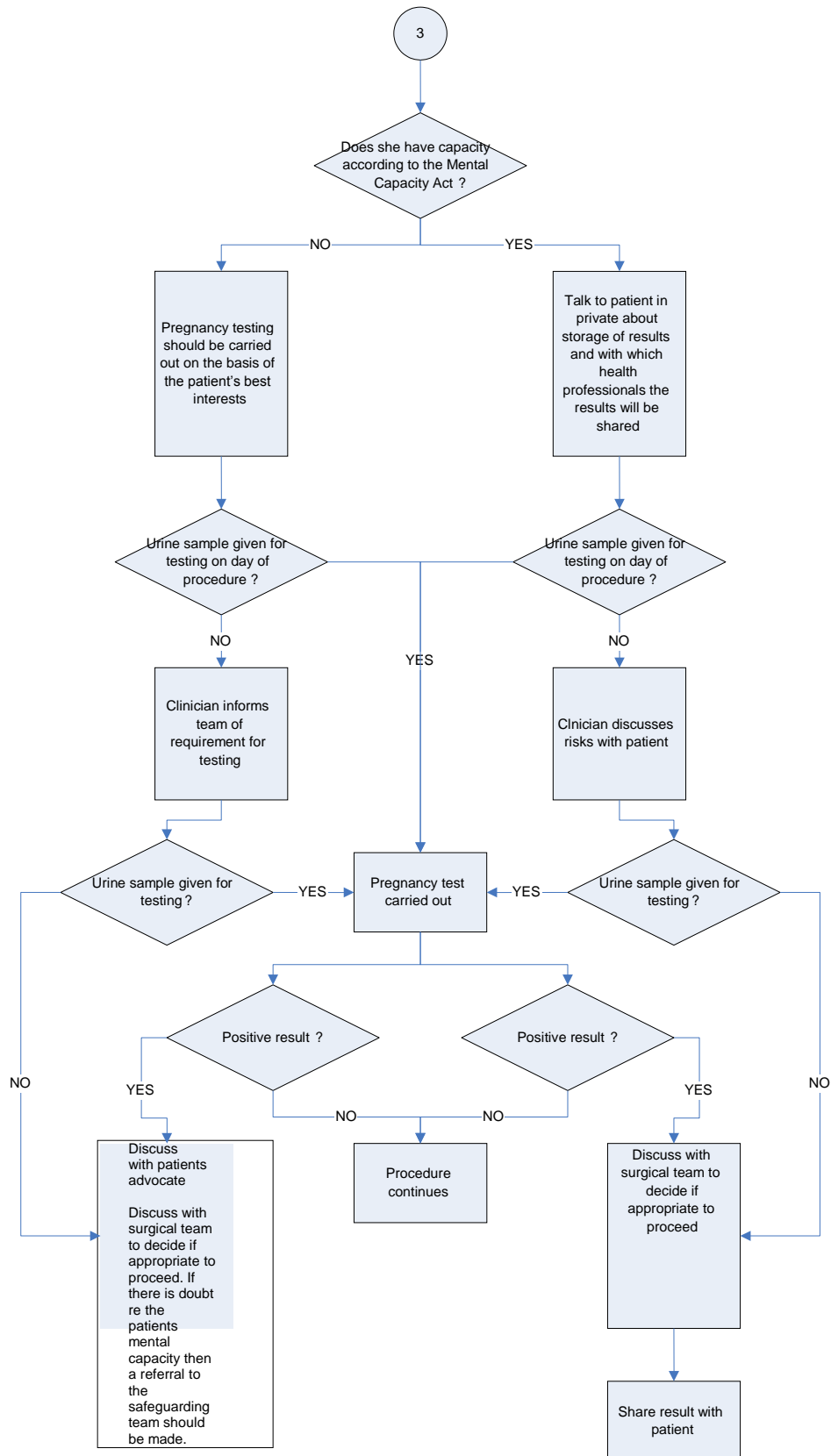
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Patient 16 or 17 years old



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Patient 18 years old or more



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Appendix 4

Glossary of Terms

Capacity/Competence – the ability to make a decision. “Capacity” applies to those who are 16 years or older. “Competence” applies to those who are under 16 years old. “Capacity” and “competence” are different things, but they both mean the ability to make a decision.

Gillick (or Fraser) competence: the threshold of intellectual and emotional maturity and intelligence that a patient under the age of 16 has either passed or not reached yet. A “Gillick competent” patient can consent for treatment or testing themselves, and can decide whether they want their parent(s) to know their health information.

Gillick Competent (aka Fraser Competent) – a patient under the age of 16 who has Gillick/Fraser Competence.

Mental Capacity Act 2005 (MCA) – the legal framework for decision-making for those who are 16 years old or over. If a patient has “capacity”, as defined by the MCA, they can consent for their own treatment or testing, and can decide whether they want their parent(s) to know their health information; they can also consent to sexual activity. A parent must have “capacity”, as defined by the MCA, in order to be able to consent for their girl’s treatment.

Parental Responsibility – the rights and responsibilities that parents have in law for their girl, including the right to consent to medical treatment for them, up to the age of 18. Not all parents have Parental Responsibility.

Parents – references to “parents” in this Policy usually mean “those with Parental Responsibility”. This includes adoptive parents, as they have Parental Responsibility. However, it does not include foster parents, as foster parents never have Parental Responsibility.

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Appendix 5

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Best Practice Guidance on Pregnancy Testing (2006) Royal College of Nursing

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