

Medical imaging during pregnancy

Consent form

[Affix patient label]



**I-MED Radiology
Network**

Comprehensive care. Uncompromising quality.

Your referring doctor has recommended that you have a medical imaging examination during pregnancy or suspected pregnancy. They have considered whether it is the most appropriate examination (including alternative imaging modalities that do not use ionising radiations) and have concluded that the benefits of the examination to your clinical management outweigh any risks associated with the use of ionising radiation. It is however important that you are aware of these risks and that you consent to the recommended examination. To help you, a summary of these risks is given below. If you would like more information, please ask I-MED staff or alternatively additional information can be found at the end of this document.

Radiation risk of medical imaging during pregnancy

Before discussing the nature of any risks to the fetus from a medical imaging exam, it is important to consider the radiation exposure from such an examination in the context of natural background radiation. Background radiation is always present and provides each of us with a continuous, small radiation dose. Sources of background radiation in our environment are cosmic rays from the universe, naturally occurring radioactive substances in the food and water we eat and drink, the air we breathe, in the ground, in building materials and so on. In Australia, every year, everyone receives background radiation that is equivalent to the radiation dose from 50–100 chest X-rays. In fact, during an entire 40-week pregnancy the radiation exposure received by the fetus from background sources alone can be calculated to be approximately 0.8 mSv. This is quite normal and unavoidable. It is against this that any risks to the fetus from medical examinations using ionising radiations should be considered.

X-rays are part of the electromagnetic range of energy that includes radio waves, visible light and gamma rays. Visible light and X-radiation (X-rays) both travel in straight lines. Some of the X-ray energy is deposited in the human body. This deposit of energy is called a radiation 'dose'. X-rays, gamma rays and some other high-energy forms of radiation can deposit enough energy into the human body to change molecules or proteins, which are the building blocks of the body.

It is very important to realise that most imaging examinations expose the fetus to such low levels of radiation that they are not a cause for concern. However, it is good practice if possible, to avoid examinations that directly expose the uterus or abdomen to radiation if a woman could be or is pregnant. As with all medical imaging, any minor risk to mother and fetus from the small amount of radiation should be outweighed against the benefit of the test or procedure.

The risk to the unborn fetus from ionising radiation used for medical diagnosis (x-rays, CT, nuclear medicine and angiography, for example) is generally dependent on:

- the part of the mother's body exposed to the radiation
- the stage of pregnancy
- the radiation dose received

There are two main types of risk when a fetus is exposed to ionising radiation:

1. Short-term risk

Because the fetus is rapidly growing and developing, short-term risks are different for a fetus compared with a child or adult. Our current understanding indicates that short term risks such as death, slowing of normal growth, abnormal growth (resulting in deformities) and being intellectually or emotionally underdeveloped, would not be expected to occur in an embryo or fetus that had been exposed to less than 100 mGy of radiation.

The fetal doses associated with medical imaging are significantly below 100mGy. I-MED clinical staff can explain to you the estimated dose to your unborn child for your specific examination(s).

2. Long-term risk

Long term risks include the theoretical risk of cancer sometime after birth (as a child or adult), and the risk of hereditary diseases occurring in the descendants of someone who was exposed to radiation as a fetus. The risk of heritable effects from fetal irradiation is very low, being much lower than the risk of radiation induced cancer. Approximately 1 in every 500 children will naturally develop cancer during childhood, without ever being exposed to radiation as a fetus. After exposure to radiation, the risk of cancer induction is considered to be uniform throughout pregnancy after the first 3-4 weeks of gestation (5-6 weeks from LMP). The risk during these first few weeks will be very small (and probably much smaller than if the exposure had occurred later in pregnancy).

For examinations that give the least amount of radiation to the fetus the estimated potential additional risk for the fetus is approximately less than 1 in 1,000,000. For higher fetal dose examinations, the additional risk can be up to 1 in 100. If a higher dose examination is needed, because the risk of not doing the test is very significant for the mother, then this is appropriate. If a woman has one of the higher dose tests before she knows she is pregnant, the increased risk to the fetus is still considered to be small. This would not be a reason on its own to consider pregnancy termination, because of fears about cancer risks for the baby or child.

Please turn over to continue

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It is understandable for patients that have had exposure to medical ionising radiation when they are pregnant or who have found out they are pregnant soon after an examination that they are worried about whether this will affect their fetus. If you have any concerns at all regarding exposure to medical ionising radiation, please discuss this with I-MED clinical staff.

I-MED clinical staff will have explained the estimated risk to the fetus for your specific examination(s).

Patient consent

I have read and fully understand the risks involved in having a medical imaging examination using ionising radiation. I have been informed of the estimated risks to my embryo or fetus. I hereby give consent to have the medical imaging examination performed.

_____/_____/_____
Signature of patient or guardian giving consent Date

_____/_____/_____
Name and Signature of technologist performing the exam Date

_____/_____/_____
Name and Signature of radiologist/doctor in charge Date

Interpreter's statement

I have provided a sight translation in _____ (state the language) of the patient consent form. I also have assisted the patient/parent and/or guardian with any verbal and written information given by the medical imaging professionals..

_____/_____/_____
Interpreter's full name Interpreter's signature Date

Acknowledgements:

Much of the content regarding radiation risks during pregnancy has been adapted from Wallace A & Hayton A (2017) Radiation Risk of Medical Imaging During Pregnancy. <https://www.insideradiology.com.au/radiation-risk-preg/>

More information can be found at:

The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)
International Atomic Energy Agency (IAEA)