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Owner: *Elissa Collins: Education
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Applicability: *UNC Medical Center*

Pre-Operative Pregnancy Testing

I. Description

Describes parameters for pre-operative pregnancy testing for elective surgery.

II. Rationale

It is estimated that anesthesia for non-obstetric surgery occurs in 0.75-2% of pregnant women⁽¹⁾. The literature is inadequate to inform patients or health care providers on whether anesthesia causes harmful effects on early pregnancy⁽²⁾. However, emergent surgery in the first trimester does not appear to increase major birth defects and should not be delayed⁽³⁾. For elective surgery, indicated pregnancy testing allows the patient to make an informed decision about whether or not to proceed.

Human chorionic gonadotropin (hCG) is a glycoprotein hormone secreted by the developing placenta shortly after fertilization. In normal pregnancy, hCG can be detected in serum as early as 7 days following conception or in urine as early as 14 days after conception. Point of care urine HCG testing will be the default diagnostic test.

III. Policy

Female patients who are past menarche but under the age of 18 should have a routine preoperative urine pregnancy test. Females 18 years of age and older between the onset of menarche and menopause should be offered pregnancy testing. A woman may be certain that she is not pregnant and on that basis decline to have a pregnancy test. Such a decision should not be used as a reason to cancel surgery.

IV. Protocol

1. During preparation for surgery, the pre-op nurse should collect a urine sample and run a pregnancy test on post-menarchal female patients under the age of 18. Results should be documented in the electronic medical record (EMR) and, if positive, reported to the Surgeon.
2. All adult female patients between the onset of menarche and menopause should be asked if it is possible that they are pregnant, and the date of their last menstrual period should be documented.
 - a. If the patient considers pregnancy to be a possibility, urine pregnancy testing should be offered.
 - b. If a pregnancy test is obtained, surgery should be delayed until the results have been discussed with the patient by the Surgeon.

- c. Positive pregnancy tests should result in a discussion between the patient and operative team concerning whether or not surgery should occur and when it should occur.

V. References

Ni Mhuireachtaigh R and O'Gorman DA. Anesthesia in pregnant patients for nonobstetric surgery. Journal of Clinical Anesthesia 2006; 18: 60-6.

Practice Advisory for Preanesthesia Evaluation. An Update Report by the American Society of Anesthesiologists Task Force on Preanesthetic Evaluation. Anesthesiology 116:3; 2012.

Cohen-Kerem R et al. Pregnancy outcome following non-obstetric surgical intervention. The American Journal of Surgery 2005; 190: 467-73

VI. Related Policies

[Urine Pregnancy Test using the Clinitek Status® Connect](#)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Patricia Ness: Nurse Educator	10/2018
	Sharon Lanzetta: Dir Perioperative Services-U	10/2018
	Rebecca Cintron: Dir Perioperative Services-U	10/2018
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Applicability

UNC Medical Center