I. PURPOSE
To ensure that consideration has been afforded to assessing the potential risks versus benefits of performing an MR procedure on a pregnant female.

II. DEFINITION;

III. POLICY
Orders for MR studies on pregnant females will require a reassessment of the absolute need for the procedure.

IV. RESPONSIBILITIES
Nursing Staff, MRI Technologist, Radiology Staff and Radiologists, referring physicians.

V. PROCEDURES /GUIDELINES:
NON-CONTRAST STUDIES:

- When an MR non-contrast/contrast enhanced study is ordered on a pregnant patient, a discussion between the Attending Radiologist, the patient’s attending Physician, and the patient should take place.
- A reassessment of the potential risks versus benefits of the pending study must be performed. A determination whether the performance of the MR examination could safely wait until the end of pregnancy must be made by the Patient’s attending physician and the Attending radiologist. This decision must be shared with and agreed to, by the patient.
- If it is determined that the examination should proceed, it must be documented in the patient record that:
  A. The information needed could not be obtained from ultrasound or other diagnostic tests which do not require ionizing radiation.
  B. The information needed affects the care of the patient and/or fetus during pregnancy
  C. The attending referring physician feels that the scan cannot wait until after pregnancy and is needed to obtain the necessary information.
  D. Informed consent was obtained and counter signed by the attending radiologist or resident and attending referring physician.

CONTRAST STUDIES:

- Gadolinium based contrast agents are contraindicated in pregnant patients. These include: Gadopentetate, dimeglumine, gadodiamide, and Gadoverstamide.
- Alternative imaging testing, including ultrasound, and those using ionizing radiation could not provide the needed information, should an MR with Gadolinium be considered.
- If alternative testing is not an option, a well documented RISK VS BENEFIT analysis demonstrating the absolute need for an MR must be permed by the attending radiologist in consultation with the ordering physician.
- Informed consent must be obtained if it is decided to proceed with a contrast MR. There must be documentation stating the patient has been made aware of the risks. The consent form must be signed by the attending radiologist, ordering physician, and the patient. The documentation must be stored in the patient record.

VI. ATTACHMENTS:
None

VII. REASON FOR REVISION: Review

VII. REFERENCES:

www.MRSAFETY.COM/subie article 173
http://www.downstate.edu/regulatory/pdf/policies/CONS-01.pdf
Kanal, JMRI 2013; 37-501-530

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<td></td>
<td>James Shanahan, Director Radiology</td>
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<td>2/2016</td>
<td>NO</td>
<td>Vincent Monte, Director Radiology Department</td>
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MRI-13 MRI ON PREGNANT PATIENT