

**Mercy Gilbert Medical Center  
Policy and Procedure**

**SUBJECT**        **Pregnancy: MRI Scan (Rad.8.I)**

<b>APPLIES TO</b>	<input checked="" type="checkbox"/>	Chandler Regional Medical Center Sleep Center
	<input checked="" type="checkbox"/>	Mercy Gilbert Medical Center Sleep Center

**PURPOSE**

To ensure the safe scanning of pregnant and potentially pregnant patients in MRI.

**POLICY**

**Pregnancy Screening**

1. Applies to all female patients of age 12 to 50 (inclusive).
2. Excludes patients for whom pregnancy is anatomically impossible (hysterectomy, congenital anomalies of the reproductive tract). Patients who have undergone tubal ligation, Essure, embolization, ablation, etc. are not excluded as the sterilization success rate is not 100%.
3. Excludes patients undergoing hCG therapy.
4. A pregnancy test must be ordered on all the applicable patients.
5. If a patient with an immediately life-threatening emergency is unconscious, intoxicated, altered, or otherwise deemed unable to consent, the examination may still be performed if medical necessity is documented in the medical record by the ordering physician.

**Unenhanced MRI**

1. There are no known harmful effects of MRI exposure to the fetus. Pregnant and potentially pregnant patients may be scanned in MRI at any stage of pregnancy if the ordering physician documents the following in the medical record:
  - a. The information requested from the MRI examination cannot be acquired by other nonionizing means (e.g., ultrasonography, laboratory testing, etc.).
  - b. The information is needed to potentially affect the care of the patient or fetus during the pregnancy.
  - c. It is not prudent to wait until the patient is no longer pregnant to obtain this information.
2. Patients should be scanned on 1.5T whenever possible. Any questions should be directed to the on-call radiologist.

**Contrast-Enhanced MRI**

1. Gadolinium-based contrast agents (GBCAs) cross the placenta, enter fetal circulation, and are excreted into the amniotic fluid by the fetal kidneys. The risk of dissociation of potentially toxic gadolinium from its ligand increases with time. Although it is unknown what harmful effects this may have on the fetus or mother, it is prudent to limit exposure to GBCAs.
2. For these reasons, GBCAs may not be administered in pregnant or potentially-pregnant patients without a thorough discussion of the risks, benefits, and alternatives of contrast-enhanced MRI. This discussion must involve the attending ordering physician, attending radiologist, and patient, and must be documented in the medical record prior to injection. The lowest dose of GBCA possible for diagnostic quality based on the indication and examination will be used.

**APPROVAL**

Brian Galle, Interim Chief Operating Officer  
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**ORIGINATION DATE**

June 1993

**REVIEW/REVISION DATE**

6/94, 8/95, 11/96, 6/98, 5/06, 1/10, 7/13, 8/19, 8/22, 5/25