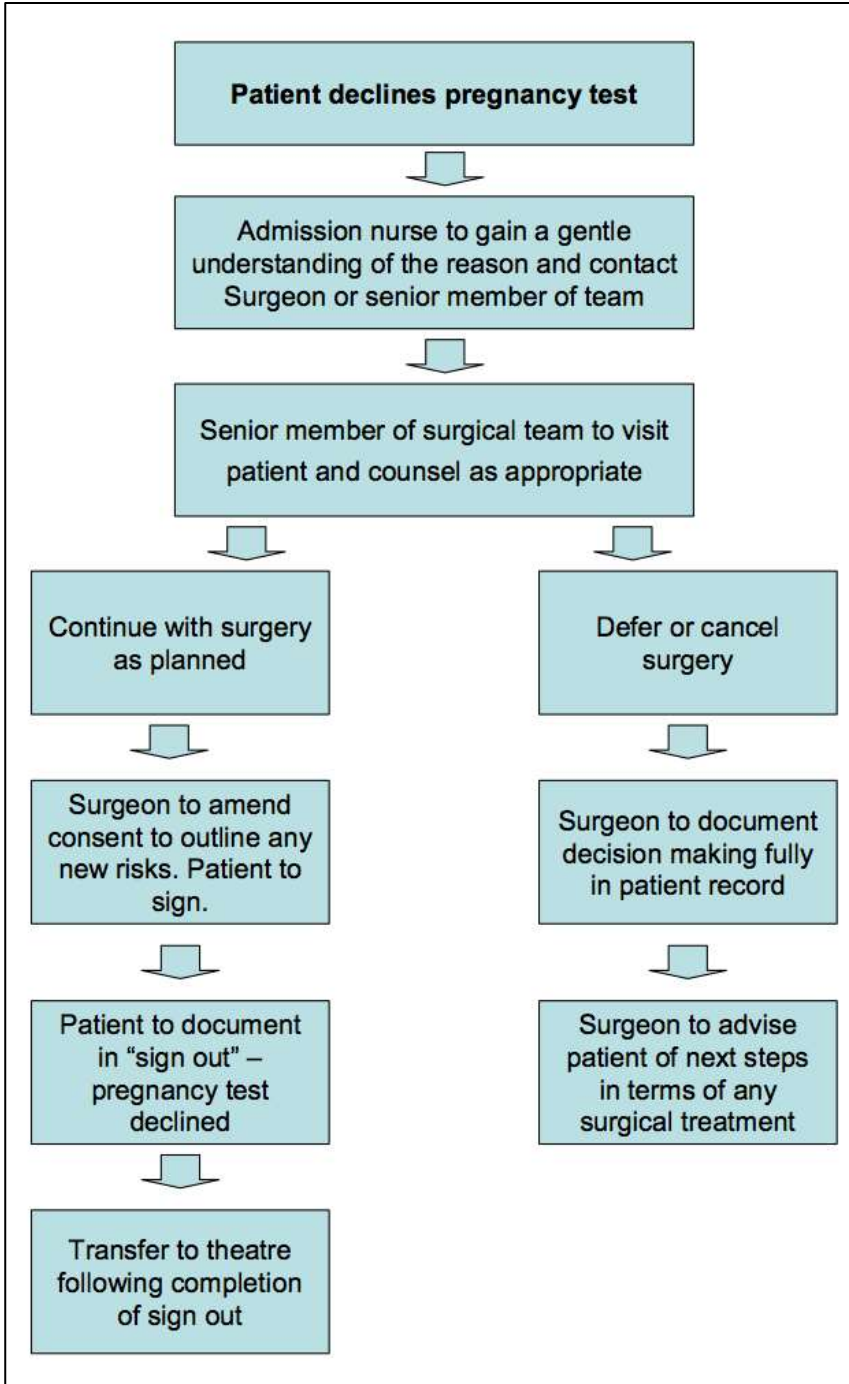


**PATIENTS WHO DECLINE A PREGNANCY TEST
DECISION TREE**



The Evidence

Between October 2003 and November 2009, the National Patient Safety Agency (NPSA) received 42 reports of patients undergoing a planned surgical procedure without having a documented pregnancy check in the preoperative period. In three cases there was a spontaneous abortion after the procedure (NPSA 2010).

The national data reported through the NRLS is likely to underestimate the actual numbers of patients who have a surgical intervention during the early stages of an unrecognised pregnancy. The available evidence suggests that the incidence of unrecognised pregnancy in women presenting for surgery is somewhere **between 0.15% and 2.2%**. This difference in populations may be related to the variation in socio-economic status and the transferability of such research should be made with some caution.

However, the continuation of unrecognised pregnancy and its associated harm following surgical procedure is certain without robust procedures to counsel, assess and detect pregnancy in all women of child bearing age undergoing both elective and emergency surgery. This is mandated through the National Patient Safety Agency Rapid Response Alert (NPSA 2010) **and this is Trust policy.**

Robust assessment and informed consent to test for pregnancy in women of child bearing age will confirm unsuspected pregnancy, at which point the risks and benefits of the surgery can be discussed with the patient. Surgery may be postponed or anaesthetic and/or surgical approaches modified if necessary. In emergency situations, confirmation of pregnancy should not delay treatment.