


<b>Name of Policy:</b> <u>Pregnancy and Breast Feeding</u> <b>Policy Number:</b> 3364-106-N20 <b>Department:</b> Heart Station <b>Approving Officer:</b> Chief Operating Officer - UTMC <b>Responsible Agent:</b> Director Cardiovascular Services <b>Scope:</b> University of Toledo Medical Center Heart Station	  <b>Effective Date:</b> 2/1/2022 <b>Initial Effective Date:</b> 6/2008
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

Cardiac Nuclear Medicine procedures will not be performed on patients, who are pregnant, potentially could be pregnant, or who are breast feeding a child unless it is absolutely essential for a diagnosis. Both the patient and the ordering physician must give approval for the procedure to be performed.

**(B) Purpose of Policy**

To identify and address issues relating to the administration of radioactive material to a pregnant, potentially pregnant or breast feeding patient.

**(C) Procedure**

1. Signs are posted within the camera and stress rooms that state: "If you are pregnant or breast feeding, please notify the technologist or nurse"
2. The technologist or nurse must ask all female patients if they are or may be pregnant and if they are breast feeding and infant or child.
3. Pregnancy:
  - a. If the patient is neither post-menopausal nor surgically sterile and their last menstrual period began within the past 10 days, the technologist or nurse must consult the Authorized User before administering the radiopharmaceutical dose. The procedure should be postponed until pregnancy status can be verified.
4. If the patient is breast feeding:
  - a. Notify the Authorized User and the Radiation Safety Officer before the radiopharmaceutical is administered.
  - b. The referring physician may be contacted and questioned whether a Nuclear Medicine procedure is still indicated.
  - c. The patient must agree to discontinue breast feeding for a period of 24 hours as prescribed by the Radiation Safety Officer:
    - i. Myocardial Perfusion Imaging using Tetrofosmin or Sestamibi, 40 mCi.
      1. NRC NUREG-1492
    - ii. Myocardial Function Imaging using Tc99m RBC's, 30 mCi.
      1. NRC Reg-8.39

- d. Written instructions regarding the length of time to discontinue breast feeding must be signed by the patient before administering the radiopharmaceutical and documented in the patients chart.
- e. The patient will be given a copy of the completed "Instructions for Breast Feeding Patients" form.
- 5. It is the policy of the Heart Station not to perform a radioactive diagnostic procedure on any patient that is pregnant. If all the guidelines are followed, this should not occur.
- 6. In the event that an exposure does occur, the Radiation Safety Office will provide the most accurate data available to the parent concerning fetal dosing.

<p><b>Approved by:</b></p> <p><u>/s/</u> <u>03/16/2022</u>            Todd Korzec, RN, BSN            Director Cardiovascular Services            Date</p> <p><u>/s/</u> <u>03/16/2022</u>            Samer J. Khouri, MD            Director, Non-Invasive Cardiac Imaging            Date</p> <p><u>/s/</u> <u>03/16/2022</u>            Christine Stesney-Ridenour, FACHE            Chief Operating Officer- UTMC            Date</p> <p><i>Review/Revision Completed By: Todd Korzec, RN, BSN            Heart &amp; Vascular Center</i></p>	<p><b>Review/Revision Date:</b></p> <p>6/08            8/10            6/13            3/16            3/19            2/22</p> <p><b>Next Review 2/1/2025</b></p>
<b>Policies Superseded by This Policy:</b>	

### RECOMMENDED BREAST FEEDING INTERRUPTION TIMES

<u>Radiopharmaceutical</u>	<u>Procedure</u>	<u>Dose</u>	<u>Recommended Breast Feeding Interruption</u>
Tc99m Labeled RBC's	MUGA	20-30 mCi	9 hours
Tc99m Tetrofosmin/Mibi	Myocardial Perfusion	40 mCi	3 hours
Tl201	Myocardial Perfusion	5 mCi	2 weeks

All others consult radiopharmacy and manufacturers dose sheet

The above times are based on the US Nuclear Regulatory Commission, Regulatory Guide 8.39, "Release of Patient's Administered Radioactive Materials" and the US Nuclear Regulatory Commission NUREG-1492, "Regulatory Analysis of Criteria for the Release of Patients Administered Radioactive Materials."

UTMC Heart Station  
Instructions for Breast Feeding Patients

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your physician has referred you to the UTMC Heart Station for the following procedure:

\_\_\_\_\_

During this procedure, you will be given a small amount of radioactive material: \_\_\_\_\_

You have also indicated that you are currently breast feeding an infant. Please follow the instructions indicated below relating to breast feeding after the administration of the radioactive material.

**Interrupt breast feeding for a period of \_\_\_\_\_.**

Small quantities of the radioactive material you will be given will be present in your breast milk following the procedure. Although failure to interrupt your breast feeding will not produce any noticeable adverse effects in you infant, it is prudent to avoid the unnecessary radiation exposure to your infant during the interruption time recommended above. You may continue breast feeding your infant after the recommended interruption time.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UTMC Heart Station

Pregnancy and/or Breast Feeding Verification

Patient Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

1. Are you (check the appropriate line):

\_\_\_\_\_ Post-menopausal

\_\_\_\_\_ Pre-menopausal, surgically sterile (e.g. hysterectomy, tubal ligation, etc.)

\_\_\_\_\_ Pre-menopausal, not surgically sterile.

If so, are you or do you think you may be pregnant?

Yes \_\_\_ No \_\_\_ Date of your last menstrual period: \_\_\_\_\_

2. Are you currently breast feeding: Yes \_\_\_ No \_\_\_

3. Have you ever had a mastectomy? Yes \_\_\_ No \_\_\_

Right \_\_\_

Left \_\_\_

Implant \_\_\_

Prosthesis \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_