For AtlantiCare Providers

Pregnancy Status Imaging Summary

Provider discussion points aligned with AtlantiCare Policy 2638 and ACR fetal dose guidance

Use when a patient is pregnant or possibly pregnant and the requested study may directly irradiate the abdomen/pelvis or involves nuclear medicine. Medically necessary imaging should not be withheld, but the ordering provider should explain benefit, exam-specific fetal risk, and available alternatives when appropriate.

Policy workflow highlights

• Outpatients: document LMP and ask whether there is any chance of pregnancy; if yes, consult Radiologist. Pregnancy testing is available in Radiology. If testing is declined, notify the referring physician and defer/reschedule until pregnancy status is confirmed.	• Inpatients/ED: chest and extremity x-rays do not require pregnancy testing under Policy 2638.
• If the patient is pregnant or possibly pregnant, reconsider abdominal, lumbar, or pelvic x-rays; abdominal, lumbar, or pelvic CT; and all NM studies except NM lung scan.	• If the ordering provider elects to proceed despite pregnancy status, informed consent must be obtained by the ordering provider and documented in the medical record.

Exam-specific discussion points for informed consent

Exam type	Typical fetal dose perspective	Key discussion points for patient
Abdominal, lumbar, or pelvic x-ray	Usually low; generally well below levels associated with fetal malformation or developmental effects.	Explain that the main theoretical risk is a very small increase in future childhood cancer risk. Birth defects or developmental problems are not expected at routine diagnostic x-ray dose levels. Use lowest necessary technique.
Abdominal or pelvic CT	Higher than radiography, but single-phase abdomen/pelvis CT is typically about 10-25 mGy and usually less than 35 mGy under well-managed conditions.	Explain that CT gives more radiation than x-ray, but these doses remain below thresholds associated with identifiable developmental defects. The main expected risk discussion is a small potential increase in childhood cancer risk; benefit of diagnosis often outweighs this risk.
Diagnostic NM studies	Varies by radiopharmaceutical and activity; most routine diagnostic NM studies are low dose.	Explain that fetal dose depends on the tracer used. Most diagnostic NM studies carry low fetal risk, but all NM studies should be reconsidered in pregnancy per policy except NM lung scan. Hydration and frequent voiding may reduce fetal dose for many tracers; seek physics/radiologist input for patient-specific counseling.

Escalate to Radiologist/Medical Physics for multiple abdominal/pelvic exams, higher-dose CT or fluoroscopy concerns, unclear gestational timing, or post-exposure counseling requests.

Bibliography note: Summary informed by AtlantiCare Policy & Procedure 2638, Documentation of Pregnancy Status (revised 1/2026), and the ACR-SPR Practice Guideline for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation (revised 2013), including fetal dose and counseling guidance.

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