

## PREGNANT RADIOGRAPHY STUDENTS

To reduce the possible damage to the fetus from exposure to ionizing radiation, a pregnant student is encouraged to voluntarily declare her pregnancy to the Program Director. Upon such a written declaration, the appropriate advisement in reducing fetal dose can be initiated.

RESPONSIBILITY: Pregnant Students, Program Director, Radiation Safety Officer (RSO)

Standard of Care: Environment / Radiation Protection

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If the student chooses to voluntarily disclose her pregnancy, she will complete the attached Declaration of Pregnancy Form and return it to the Program Director. The Program Director will then forward this declaration to Regional West Medical Center's Occupational Health Department as per sponsoring institution policy.

Following the disclosure of a pregnancy, the student will be counseled as to the potential risks that are associated with radiation exposure to the fetus by either the Radiation Safety Officer or Program Director in addition to the review of this policy. She will be asked to sign a statement acknowledging that the possible danger has been explained to her. It will be recommended that she also consult her own physician on this matter.

Once a declaration of pregnancy is made, a student may withdraw this declaration at anytime. This withdrawal must be in writing and can be completed by using the attached Withdrawal of Pregnancy Declaration form. A Withdrawal of Pregnancy Declaration form should also be completed upon delivery of the baby.

Following the review of the Pregnant Radiography Students Policy with the Program Director or Radiation Safety Officer, the declared student will determine whether she will remain in the Program, take a pregnancy leave or withdraw from the Program. She will have 14 days after she has declared to make her decision. After that time she must sign the appropriate form indicating her decision

### 1. **Option 1: The declared student remains in the program:**

While there are no restrictions placed on a student who has declared pregnancy, the following are recommendations that may reduce fetal radiation dose:

- The declared student should not hold any patient during any radiographic exposure.
- During the first trimester, do not remain in the fluoroscopic room while the fluoroscopy unit is producing radiation. After the first trimester, the student should remain in the room only as necessary while the fluoroscopy unit is activated.

- Move to a distance of greater than 10 feet perpendicular from the path of the primary beam during portable examinations.
- Use a wrap-around apron when involved with fluoroscopic or portable procedures.
- Do not be involved in the preparation of radiopharmaceuticals, or the care of patients receiving therapeutic dosages of radioisotopes.
- Use safe radiation practices to reduce radiation exposure as much as possible. (Time , Distance, Shielding)

As described by Program Policy 722.8.41.05, Radiation Protection, during the entire gestational period the fetus shall not be exposed to more than 0.3Rems. To assure fetal dose remains within this limit, a second radiation monitoring badge will be requested after the pregnancy is declared. The second badge, “the baby badge”, will be worn at waist level and under radiation protective apparel during the entire pregnancy to estimate fetal dose.

If the student declines to take a Leave for Pregnancy after declaring pregnancy, the student still may, at a later date, decide to take a Pregnancy Leave.

## **2. Option 2: The declared student takes a voluntary leave from the Program**

If the declared student desires or if it is deemed medically advisable by her physician, the student may voluntarily take a pregnancy leave from the Program.

To initiate this leave, the student shall acknowledge this decision by signing the Request for Leave form. Refer to Leave of Absence 722.8.24.35 policy for this form. The student may return to the Program and complete the Program if a leave of absence is taken for pregnancy. After the birth of the child, the student may be required to extend clinical/didactic education beyond the normally required two years to make up for the missed didactic or clinical classes.

## **3. Option 3: The declared student withdraws from the Program**

If the declared student decides to withdraw from the program the student should refer to the Procedures for Student Withdraw Policy 722.2.21.25.

If at a later date the student desires to return to the program, the student will need to reapply to the Program as any other applicant.

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Signature  
Stephanie Cannon, MSRS, RT(R)(ARRT)  
Program Director

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Signature  
Joshua Lively, MHA, BSRT(R), RT (R)(VI)(ARRT)  
Director of Imaging Services

Reference: Imaging Service Policy # 722.7.50

Reviewed: 12/12/94, 5/28/98, 7/31/01, 9/27/04, 6/28/06, 8/12/08, 6/9/11, 6/6/12, 5/2/13, 2/28/2014, 2/27/15,  
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Revised: 4/1/92, 6/3/92, 7/16/94, 6/14/96, 12/30/99, 12/18/01 1/8/02, 3/28/02, 6/9/11, 3/28/2014,

**DECLARATION OF PREGNANCY FORM**

NAME \_\_\_\_\_

I am declaring that I am pregnant. I believe that I became pregnant \_\_\_\_\_  
(month and year only).

By providing this information to the Program Director, in writing, I am making voluntary disclosure of a formal notification to the director that I am pregnant. Under the Program's Radiation Protection policy, I understand the fetal dose is not allowed to exceed 0.3Rem (300mrem or 3mSv) during my entire pregnancy from occupational exposure to radiation. I understand this limit includes exposure I have already received since becoming pregnant.

When the pregnancy has termed, I will inform the Program Director in writing as soon as practical. I also understand I have the right to revoke this declaration of pregnancy at any time. I understand that I will be asked to sign a revocation form.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

I have received notification from the above individual that she is pregnant. I have explained to her the options for reducing her exposure to as low as reasonable achievable (ALARA).

\_\_\_\_\_  
Program Director/Radiation Safety Officer

\_\_\_\_\_  
Date

I have evaluated her prior exposure and established appropriate limits to control the dose to the developing embryo/fetus.

\_\_\_\_\_  
Radiation Safety Officer

\_\_\_\_\_  
Date

**WITHDRAWAL OF PREGNANCY DECLARATION**

I am withdrawing my previous declaration of pregnancy. I understand that as a result of signing and submitting this form, any leave of absence for pregnancy will be discontinued as of \_\_\_\_\_  
date.

Date of Withdrawal of Pregnancy Declaration: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Acknowledgement of receipt of Pregnancy Withdrawal Document:

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

**FETAL RADIATION EXPOSURE ADVISEMENT FORM**

I have been advised of the policy regarding pregnant students in Radiology and I understand I have the option of taking a leave of absence from my education in the Radiology Program.

I understand that there is a potential hazard to the fetus from radiation and that the possibility of future genetic mutations exists. These hazards have been explained to me by\_\_\_\_\_.

I have read the Pregnant Radiography Students Policy and I fully understand the risks involved and I have been given the opportunity to take a leave of absence from my education in the Radiology Program during this pregnancy.

I have been advised to discuss this decision with my personal physician and I will advise the Program Director / Radiation Safety Officer (RSO) immediately should I and/or my physician determine that a leave is warranted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PREGNANT STUDENT RADIOGRAPHER  
REQUEST FOR LEAVE OF ABSENCE**

I have been advised of the policy regarding pregnant students in Radiology and I understand I have the option of taking a medical leave from my education in the Radiography Program.

I understand that there is a potential hazard to the fetus from radiation and that the possibility of future genetic mutations exists. These hazards have been explained to me by \_\_\_\_\_.

I have read the Pregnant Radiography Students Policy and I fully understand the risks involved and I have been given the opportunity to take a leave of absence from my education in the Radiography Program during this pregnancy.

I have chosen to take a leave of absence from the Program due to my pregnancy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Refer to the Leave of Absence Policy 722.2.21.25 to complete the paper to request a Leave of Absence.