**PAUSED and checked for pregnancy and breastfeeding in Nuclear Medicine**

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| **P** | **Patient** | Does the patient fall within the risk group identified within local inclusive pregnancy checking procedures?  
Is the patient currently/planning to start breast/chest feeding? |
| **A** | **Assess referral** | Is there any information to suggest the possibility of pregnancy? Has the patient consented to their gender history being recorded? |
| **U** | **Use the right environment and language** | Do you have a private and psychologically safe environment?  
Is there a private space for the patient to complete the required form(s) and ask the radiographer any questions?  
Are staff trained in the use of gender inclusive language? |
| **S** | **Sharing of information** | Confirm patient identification and preferred name and pronouns.  
Explain why the information about sex registered at birth and pregnancy is important – ‘This procedure/treatment uses ionising radiation, which could be harmful to a pregnancy’. Discuss how this information may be shared and seek consent to do so.  
Only ask about gender-affirming procedures and variation in sex characteristics if relevant to possibility of pregnancy or breastfeeding.  
If the patient has a variation in sex characteristics, establish if there is any possibility of pregnancy. |
| **E** | **Enquire further** | Where appropriate, follow local procedures for pregnancy testing.  
Where appropriate follow local procedures for breast/chest feeding. |
| **D** | **Data recording** | Discuss where and how the information is recorded and ensure the patient has consented to this.  
Ensure there is a procedure in the event the patient does not consent to the storage or sharing of sex or gender information. |

IR(ME)R requires all duty holders to comply with their local Employers procedures. This “pause and check” poster does not replace these procedures but represents a shortened summary of the main checks. **You must always adhere to your local procedures.**