

IS IT NECESSARY TO PERFORM A PREGNANCY TEST IN THE PEDIATRIC POPULATION?

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Introduction: Advances in patient safety is one of the biggest accomplishments by the anesthesiology profession. One special challenge is to routinely screen for pregnancy in the preoperative adolescent female. Currently, the decision to diagnose pregnancy preoperatively is at best controversial. Only 17% of American Society of Anesthesiologist's members, when surveyed, chose to do routine pregnancy testing in all patients versus 78%, who chose to perform the test selectively.³ The significance of sexual activity and last menstrual period in the history depends primarily on the person taking the history and the ability of the patient to give an accurate history. In this study, we intend to find how many patients overall, in a free standing children's hospital, were found to be pregnant and what the implications, if any, were in the care of the patient.

Design: After IRB approval a request was submitted to the Information System Department (ISD) to retrieve all the positive pregnancy tests from October 2001- October 2006. These tests were only from Children's Hospital of Michigan. Tests done for hormone therapy as well as duplicates were excluded. The duplicates were serum tests ordered after a urine test was found to be positive.

Results: A total of 18,681 pregnancy tests were found, 490 of which were tested positive. This constitutes a rate of 2.6% positive. Aged ranged from 12 to 21 years of age. Among the positive results 83% were ordered from emergency department. One patient was incidentally found to be pregnant post-induction after a negative history.

Conclusion: Positive pregnancy tests are not uncommon in an urban, free standing, children's hospital. Developmentally delayed patients may be at increased risk of pregnancy secondary to poor communication, lack of insight, and being a potential victim of sexual abuse. The policy for preoperative pregnancy screening adopted by a hospital or health care facility should be predicated on the principle of "best interest of the patient." Considerations must include local law, ethical responsibility, and the balance between cost and risk based on the best and most current scientific information. ASA has established guidelines via a task force in 2002. These guidelines recommend that pregnancy test should not be used routinely and should be ordered selectively. The data used in considering these guidelines do not include any report mentioning positive pregnancy tests in patients under the age 15. We feel that these guidelines should be reviewed considering the results of this study.

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