The Committee on Practice Management recently considered the issue of mandatory pre-anesthesia pregnancy testing for all women patients of childbearing age. The listserv discussion revealed some basic similarities between the anesthesiology groups represented and also some significant variations.

The need for testing even some patients who deny any possibility that they might be pregnant is clear. Most of the committee members who participated in the e-mail exchange knew of recent cases in their hospitals where a presurgical patient was quite surprised to have a positive test result. It must have been a huge surprise to the 51-year-old woman who presented for a bunionectomy (which was deferred).

How and When to Test

There also is a consensus on the timing and method of testing. Results that are more than a few days old are not considered completely reliable. Serum human chorionic gonadotropin (HCG) is slightly more sensitive than urine HCG testing, but urine HCG is the method of choice on the day of surgery and will often be checked in the operating room if the serum HCG results come from earlier preanesthesia testing (PAT) or are not available. One health care system’s formal policy states that “All females of menses age will undergo a urine pregnancy test on the day of surgery …. If a urine specimen cannot be obtained, a serum B-HCG will be performed.”

Whom to Test

The major difference from one hospital to another is the set of patients whose HCG will be tested. Some of the committee members report that every potentially pregnant patient is tested without regard to the cost-benefit ratio. Others practice in facilities where patients receive information about the risks and benefits of certainty but may decline the test. Objective criteria for ruling out potential pregnancy include total hysterectomy, bilateral tubal ligation or the passage of at least one year without menses (menopause).

A number of the hospitals in question have adopted an approach based on the patient’s informed consent or, more specifically, on her informed refusal of the test. Reaching internal agreement on a selective process that depends on patient cooperation may be a complex exercise, particularly if a bad medicolegal experience is the driver. One committee member told the listserv of an instance in which the father of a young teenage girl sued the hospital for conducting a pregnancy test without his consent. The father discovered the test when he read the hospital bill. Ultimately he dropped the lawsuit but he had set in motion a process that led to the use of a pregnancy questionnaire developed by the chairs of the anesthesiology and obstetrics departments and the hospital legal staff.

This questionnaire asks patients to identify themselves as 1) pregnant, 2) not sure or 3) definitely not pregnant. The third option gives women who are sure that they are not pregnant a way to respond by checking a box on a form without feeling compelled to offer an explanation such as “I haven’t had a date in two years,” “I have an alternative lifestyle” or other private reasons. The form also lists the risks of not answering honestly. The hospital tests all women who choose the second answer, “not sure,” as well as those scheduled for procedures that would imperil an undiagnosed pregnancy, including hysteroscopies and total abdominal hysterectomies.

Is Explicit Consent Necessary?

In some anesthesiology departments, the patient is informed and consulted but may be tested whether or not she consents. In the real world, anesthesiologists often tend to be more concerned with good clinical outcomes than with legal risk management. If they feel that the situation is unclear or that testing is medically indicated, they may order a pregnancy test, and they may or may not inform the patient of the result. Thus in these institutions, testing is de facto required. It would be sound practice to inform the patient that consent to the surgery or to the anesthesia includes consent to the HCG test.

Another approach that protects the physicians and the hospitals and respects the patient’s autonomy relies on full disclosure and a signed waiver of the right to sue over a denied and undetected pregnancy. In such a system, the anesthesiologist explains the test and the risks of anesthesia relating to pregnancy, but if the patient refuses to be tested, she must sign a waiver releasing the providers from liability or be deferred (except in case of medical emergency).

Generally the lack of informed consent should be a bar to a medical intervention, and a patient should not be asked to hold the physician harmless for acting against medical judgment. Testing a specimen, however, is not invasive and is not likely to be subjected to the same standard as performing surgery or providing anesthesia. For further discussion of informed consent and its documentation, please consult the series of special articles on those subjects in this issue of the NEWSLETTER.