


Q-Pulse Database	DIAIMA	
Document Number	EP-9	
Document Title	Breastfeeding/Chestfeeding	

## 1. Objective

To address the risk to breast/chest-fed infants from consuming breast milk from mothers medically exposed to radioactive substances.

## 2. Responsibilities

The Referrer, Practitioner and Operator must co-operate to establish whether or not any individual patient within the age range of 12 to 55 is breastfeeding/chestfeeding, when referred for administration of a radioactive material.

When making a referral for a patient of child-bearing potential<sup>1</sup> within the age range of 12 to 55, the Referrer shall seek to establish if the patient is breastfeeding/chestfeeding.

Where the justifying Practitioner sees the patient ahead of justification, he/she shall re-establish and record breastfeeding/chestfeeding status. Otherwise justification and authorisation shall be based on the breastfeeding/chestfeeding status recorded in the referral.

The justifying Practitioner shall take account of breastfeeding/chestfeeding status in deciding whether to authorise or to delay the medical exposure, and shall consider:

- whether the exposure could reasonably be delayed until breastfeeding/chestfeeding has ceased
- whether the most appropriate choice of radiopharmaceutical has been made, bearing in mind the secretion of activity in breast milk.
- guidance in paragraphs 4.27 and 7.17 to 7.38 of ARSAC Notes for Guidance<sup>2</sup>.

The Operator administering the radioactive material shall re-check with the patient ahead of the administration whether they are breastfeeding/chestfeeding, and shall record the result of this enquiry in accordance with the procedure.

In the event of the Practitioner authorising the exposure of a patient who is breastfeeding/chestfeeding, the Operator shall ensure that the patient is given written instructions of any restriction on breastfeeding/chestfeeding and shall record that this information has been provided in accordance with the procedure.

The Medical Physics Expert for Nuclear Medicine shall, when requested by the Practitioner, assist the Practitioner in risk assessments, dose calculations and appropriate optimisation techniques to minimise the dose to the breast/chest fed infant.


## 3. Practical Procedure

### 3.1 Referral process

The Referrer must provide the Practitioner with sufficient clinical information to enable him/her to justify any examination and shall therefore:

- Record in the request if the patient is known to be breastfeeding/chestfeeding at the time of the referral.
- Anticipate situations when it would be impossible for the Practitioner or Operator to determine whether the patient is breastfeeding/chestfeeding (e.g. examinations in theatre). In these situations the Referrer should ensure that arrangements are in place to obtain this information in advance.

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### 3.2 Justification process

In Justifying any exposure the Practitioner shall:

- Take account of any information supplied by the Referrer.
- Consider whether any other test not involving ionising radiation would be more appropriate.
- Pay special attention to the urgency of the exposure, paying particular attention to relevant published guidance.<sup>2</sup>
- Make the decision to justify the exposure if this is appropriate. The decision may be taken in consultation with the Referrer but the decision to justify the examination remains the Practitioner's responsibility. When a decision is made by the Practitioner to justify an exposure of a patient who is breastfeeding/chestfeeding a record of the decision must be made in the patient's records.
- In the event that an exposure is authorised where the patient is breastfeeding/chestfeeding, precautions must be taken by the Practitioner to minimise the radiation dose to the breastfed/chestfed infant from external and internal sources. A dose constraint of 1mSv is recommended<sup>2</sup>. The Practitioner must provide appropriate written information to the patient according to the procedure and with sufficient notice for the patient to bank breast milk if necessary. This information shall be given to the patient according to the procedure, either directly by the Practitioner or via the Operator who will be administering the radioactive material.
- Individuals who are breastfeeding/chestfeeding must not be involved in any trial, except where problems related to their condition are under investigation and alternative techniques that do not involve ionising radiation have been considered and rejected<sup>2</sup>.

### 3.3 Immediately prior to radiation exposure

Immediately prior to the administration, the Operator administering the radioactive material shall enquire directly of the patient whether they are breastfeeding/chestfeeding, and shall record the result of this enquiry. This requirement shall not apply for low risk procedures that are excluded in accordance with published guidance<sup>2</sup>.

A system should be in place to facilitate transgender and non-binary patients who were female at birth, to confidentially inform a member of staff, so that pregnancy can be excluded<sup>3</sup>. Note, the patient's gender history cannot be recorded or shared without their consent<sup>3</sup>.

In the event that a patient newly declares that they are breastfeeding/chestfeeding the Operator must return the request to the Practitioner for a review of the justification process.


### 3.4 Individuals of child-bearing potential aged 12 to 15 years

In Scots Law, all young people who can give valid consent (i.e. with decision making capacity)<sup>4</sup>, have a fundamental legal and ethical right to determine what happens to their own bodies. Consequently the Referrer, Practitioner and Operator should normally make enquiries on breastfeeding/chestfeeding for individuals of child-bearing potential<sup>1</sup> between the ages of 12 and 15 years in private, with the parent/guardian not present.

## 4. References

1. The impact of IR(ME)R 2017 IR(ME)R (NI) 2018 on pregnancy checking procedures, Society and College of Radiographers, London, 2019.

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2. Notes for guidance on the clinical administration of radiopharmaceuticals and use of sealed radioactive sources. <https://www.gov.uk/government/publications/arsac-notes-for-guidance>, Administration of Radioactive Substances Advisory Committee (ARSAC), Centre for Radiation, Chemical and Environmental Hazards, Public Health England, Chilton.
3. IR(ME)R annual report 2019/20: CQC's enforcement of the Ionising Radiation (Medical Exposure) Regulations 2017, The Care Quality Commission, October 2020.
4. Age of Legal Capacity (Scotland) Act, 1991.

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