To do or not to do?  
Preoperative pregnancy testing at a Tertiary Academic Children’s Hospital  
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INTRODUCTION

- Preoperative pregnancy testing (PPT) is a highly sensitive issue that may create an environment of distress.  
- Different institutions have varying policies regarding PPT, but to date, no database is available for information that justifies the time and cost effectiveness of such testing.
- On the other hand, lack of reliability, potential maternal and fetal injury and medico-legal consequences posses additional responsibility upon physicians.  
- We present our results for the past 5 years.

METHODS

- A retrospective chart review of all patients undergoing procedures at our ambulatory surgical center was performed to obtain data over the past five years.
- Per hospital policy, any female patient of 10 years of age or older (if started Menstrual cycle) should have urinary/serum pregnancy test as a prepart of preoperative anesthesia evaluation.

RESULTS

- A total of 14321 urinary pregnancy tests (UPT) were ordered out of which only 13000 were performed.
- One thousand three hundred and twenty one orders were not completed secondary to parental refusal, failure to obtain sample, serum pregnancy testing and cancellation of case.
- The incidence of a positive UPT was 0.1% over the five years period. The youngest and the oldest patient with a positive UPT was 15 and 29 years old respectively.
- Almost 85% of the positive patients were teenagers with no significant variability of incidence amongst different ethnicities.
- Eighty two percent of the patients/families requested a serum pregnancy testing for confirmatory purposes.

- The cost was $12 per UPT and $12000 for each true positive result.
- This cost only represents the amount pertaining to the patient. This does not include cost for technologist’s labor, material/equipment utilized, nursing and support staff time and cost of cancellation of scheduled OR case.

DISCUSSION

- National practice regarding PPT is conflicting. According to the ASA recommendations, policy can be individualized based on institutional protocols and physician’s preferences.
- According to the US Department of Health and Human Services (DHS), higher teen birth rate is a risk for school dropouts, risky behaviors and increased incidence of teen pregnancies in children born to teenage parents.
- The national incidence is 26.5 live births per 1000 adolescent female ages 15-19 years.
- Strikingly our state has a significantly higher rate of teen births than national average. It was 43.5 per 1000 adolescent female ages 15-19 years according to the latest DHS report from 2013.
- Our hospital, being the only tertiary care pediatric hospital in the State, provides medical care to majority of this high risk patient population. At our institution, PPT policy has been in effect for more than a decade.

CONCLUSION

- To date, no study has been published with such a substantial amount of data.
- Our results may help formulate future studies addressing the risks against the benefits of PPT in this patient population.

REFERENCES