UWHealth

Division of Nuclear Medicine Procedure / Protocol
University Hospital, American Family Children's Hospital and The American Center

---

PATIENTS WHO MAY BE OR ARE, PREGNANT OR BREAST FEEDING **CPT CODE: N/A**
UPDATED: SEPTEMBER 2020

---

1. Prior to the administration of radiopharmaceuticals, the nuclear medicine technologist or nuclear medicine physician must ask all female patients ages 12-55 if they are pregnant or breast feeding. If the patient is possibly pregnant or breast feeding, the nuclear medicine physician should be notified immediately.

2. If a patient is pregnant or possibly pregnant, the nuclear medicine physician will be contacted, and will talk with the patient and/or the referring physician regarding the risks and benefits of the requested procedure. Except under very unusual circumstances, the imaging procedure will be delayed until the exam can be performed when the patient is not pregnant. If it is decided that the benefits of the procedure outweigh the risks, the nuclear medicine attending physician will take all appropriate measures to ensure the radiation exposure to the fetus is as low as possible. (May decrease the dose of the radiopharmaceutical and/or increase fluids and urinary frequency).

3. Nuclear Medicine procedures involving any I-131 or I-123 or any therapeutic dosage will require a pregnancy test before the first appointment, no more than 24 hours before.

4. If a patient is breast feeding, the nuclear medicine physician, in consultation with the referring physician and patient, will evaluate the risks and benefits of the diagnostic procedure. If the procedure is to proceed, instructions will be given to the patient to minimize the radiation exposure to her breasts. If it is possible, the patient will be asked to cease breast feeding and once the lactation process has declined, the scan will be performed. If the patient is to continue breast feeding, the patient may take special precautions, such as discontinue breast feeding or pump prior to the scan process, continue pumping after the procedure, and discard all pumped milk. The NRC table from Regulatory Guide 8.39 should be followed (attached).

Table 3. Activities of Radiopharmaceuticals that Require Instructions and Records When Administered to Patients Who Are Breast-Feeding an Infant or Child

RADIOPHARMACEUTICAL	COLUMN 1 ACTIVITY ABOVE WHICH INSTRUCTIONS ARE REQUIRED		COLUMN 2 ACTIVITY ABOVE WHICH A RECORD IS REQUIRED		COLUMN 3 EXAMPLES OF RECOMMENDED DURATION OF INTERRUPTION OF BREAST-FEEDING[a]
	(MBq)	(mCi)	(MBq)	(mCi)	
I-131 NaI	0.01	0.0004	0.07	0.002	Complete cessation (for this infant or child)
I-123 NaI	20	0.5	100	3	
I-123 OIH	100	4	700	20	
I-123 mIBG	70	2	400	10	24 hr for 370 MBq (10 mCi)
I-125 OIH	3	0.08	10	0.4	
I-131 OIH	10	0.30	60	1.5	
Tc-99m DTPA	1,000	30	6,000	150	
Tc-99m MAA	50	1.3	200	6.5	12.6 hr for 150 MBq (4 mCi)
Tc-99m Pertechnetate	100	3	600	15	24 hr for 1,100 MBq (30 mCi) 12 hr for 440 MBq (12 mCi)
Tc-99m DISIDA	1,000	30	6,000	150	
Tc-99m Glucoheptonate	1,000	30	6,000	170	
Tc-99m HAM	400	10	2,000	50	
Tc-99m MIBI	1,000	30	6,000	150	
Tc-99m MDP	1,000	30	6,000	150	
Tc-99m PYP	900	25	4,000	120	
Tc-99m Red Blood Cell In Vivo Labeling	400	10	2,000	50	6 hr for 740 MBq (20 mCi)
Tc-99m Red Blood Cell In Vitro Labeling	1,000	30	6,000	150	
Tc-99m Sulphur Colloid	300	7	1,000	35	6 hr for 440 MBq (12 mCi)
Tc-99m DTPA Aerosol	1,000	30	6,000	150	
Tc-99m MAG3	1,000	30	6,000	150	
Tc-99m White Blood Cells	100	4	600	15	24 hr for 1,100 MBq (5 mCi) 12 hr for 440 MBq (2 mCi)
GA-67 Citrate	1	0.04	7	0.2	1 month for 150 MBq (4 mCi) 2 weeks for 50 MBq (1.3 mCi) 1 week for 7 MBq (0.2 mCi)

UWHealth

Division of Nuclear Medicine Procedure / Protocol
University Hospital, American Family Children's Hospital and The American Center

Reviewed By:

Scott B. Perlman, MD, MS Chief, Nuclear Medicine		Derek Fuerbringer, CNMT Manager, Nuclear Medicine
Tyler Bradshaw, PhD, DABSNM Medical Physicist	Scott Knishka, RPh, BCNP Radiopharmacist	Jason Timm Radiation Safety Officer