

UNIVERSITY OF PUERTO RICO  
MEDICAL SCIENCES CAMPUS  
SCHOOL OF HEALTH PROFESSIONS  
SUBGRADUATE DEPARTMENT  
RADIOLOGIC TECHNOLOGY PROGRAM

## **PREGNANCY POLICY**

### **I. Background**

There is a possibility that a student can get pregnant during the Program's academic year. This could present some problems for the student in order to complete her studies within the expected time. For this reason it is necessary to notify students before they begin the clinical practice of the program about the possibility of X rays exposure. It is known that there are ways to perform radiographic procedures maintaining radiation exposure as low as reasonably achievable (ALARA). The appropriate use distance, shielding and time, according to the established procedures of radiological protection, guarantees ALARA exposure levels. Normally, the exposure to radiation that the student may get is very low. The average monthly reports of exposure indicate the following:

- Average Readings: less than 10 millirems per month
- Maximum observed in the last five (5) years: 40 millirems
- More than 98 % of the readings is minor of than 20 millirems

The National Council on Radiation Protection (NCRP) has recommended that during the period of gestation the equivalent dose of the fetus should not exceed 0.5 rem.

### **II. Program Pregnancy Policy**

The policy of the Radiology Technology Program is informing all the students of the risks of radiation exposure, how to avoid unnecessary exposure, and methods of radiation protection.

Voluntary Pregnancy disclosure is the decision of the pregnant student as to whether or not she wishes to notify program faculty of her pregnancy. If at any time, the student voluntarily decides to declare her pregnancy she must provide written notification to the Program Director or Clinical Coordinator. The Director of the Program must make sure that the student receives a copy of the written policy on radiation exposure.

During the course of the regular studies, the program must guarantee that the declared pregnant student exposure does not surpass the fetal limits of radiation exposure.

The policy of the Program is to provide support to the pregnant student. The student must also understand that all the requirements of the Program must be fulfilled in order for her to graduate and receive her diploma.

The student has the following options:

**A: To remain in the Program without any modification of her program**

This options requires the following:

1. To submit in writing her decision to stay in the program and a written consent of her doctor. The documents will be filed in the student's record.
2. The student will receive information of the safety hazards on radiation exposure and the risks that involve the exposure to radiation of the fetus. The faculty members will always remind the student of her responsibility to fulfill the rules on occupational security and radiological safety. It is important to take into consideration that the first quarter of the pregnancy is the most sensitive stage of development for the fetus, and faculty members should be available to assist in the best fulfillment of their responsibility.
3. It is required the use of the fetal dosimeter for the clinical practice during the pregnancy. This dosimeter bears an additional cost that will be provided by the student.
4. If for health reasons the student is forced to frequently be absent from the class or clinical practice, her case will be evaluated according to the rules established in this policy.

**B. Postponing clinical courses**

This option requires the following:

1. The grade of Incomplete will be granted to the student for the clinical courses in progress, which will have to be completed after the culmination of the pregnancy in the next academic session.

2. If for health reasons the student is forced to frequently be absent from the class or clinical practice, her case will be evaluated according to the rules established in this policy.

**C. Not to remain in the program, obtain a leave of absence**

This option requires the following:

1. The student will be allowed to interrupt her studies for a maximum period of one (1) year.
2. Once the pregnancy or the year has passed, the student will be able to return to the Program. She can return at the next academic session that offers the courses according to the curricular sequence, without having to go through readmission.
  - a. The student must initiate the necessary proceedings with the Program ahead of time, enough to allow her to return in the next academic session, no longer than a one (1) year.
  - b. The one year maximum temporary halt of the courses will not count for the maximum time established for the completion of the degree.
  - c. If the student does not communicate or coordinates her return to the academic program, it will be understood that she will not return to complete the academic program. If she decides to return after the time limit has passed, she will have to complete readmission procedures.
  - d. Additional time over the maximum year allowed for the temporary halt will affect the maximum time for the completion of the requirements for the degree.

**Individual orientation**

When a student declares that she is pregnant, she will receive an orientation provided by an expert in radiology safety. During the orientation, the student will have the opportunity to present her worries and to clarify her doubts. After receiving the orientation, the student will notify in writing to the Director of the Program, with copy to the Clinical Coordinator her decision to continue or not with the program clinical courses. The decision to not continue with the clinical courses is during her pregnancy.

In case that the student decides to continue her studies, she will have to accept the responsibility, comply with the rules on occupational security and radiological safety, taking in consideration that the first trimester of the pregnancy is the stage of greater risk for the fetus.

The faculty of the Program must make the maximum efforts to take care of any need that the student presents in order to be able to facilitate her to fulfill this responsibility.

She will also be provide with written material explaining the risk of radiation exposure and the safety measures to reduce those risk to a minimum. All didactic and clinical courses work must be complete prior to compellation and graduation for the program

### **Designation of areas of clinical practices**

The pregnant student who decides to continue with her regular academic program will have to complete the rotation for the clinical practice stated by the Clinical Coordinator of the Program.

The rotation areas include conventional radiology, fluoroscopy, operating room and the portable units at the center of practice assigned to the student.

### **D. Withdrawal of pregnancy declaration:**

The student has the following options:

1. A student that has already declared her pregnancy, have the options to revoke the declaration of pregnancy through a written document. Once the student revokes its declaration, does not apply the lower dose limit of radiation for the embryo/fetus.
2. **It is students right to also withdraw her pregnancy declaration at any time. Should a pregnant student elect to undeclared a pregnancy, she must do so in writing to the Program Director.**

## PHYSICIAN'S CONSENT FOR PREGNANT STUDENT

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Student's Name Printed

The student named above is presently enrolled in the Radiologic Technology Program of the School of Health Professions at Medical Sciences Campus. Due to the nature of the Program, this student may be exposed to radiation, or other health hazards (i.e. lifting, possible exposure to contagious disease, etc.). In order to determine the appropriate precautions, we need the following information:

1. Approximate date of conception \_\_\_\_\_
2. Approximate date of expected delivery \_\_\_\_\_
3. Present health status \_\_\_\_\_
4. Will the student be under your care during her pregnancy?
   
 Yes                       No
5. Have you informed her of the potential danger(s) involved in continuing her present career goal while pregnant?
   
 Yes                       No \_\_\_\_\_
6. Do you recommend her continuation in Clinical Practice?
   
 Yes                       No
7. Do you recommend that she continue in the Program?
   
 Yes                       No
8. Recommended date maternity leave to begin: \_\_\_\_\_
9. Recommended date Clinical Practice may resume after delivery: \_\_\_\_\_

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Physician's Name  
Printed

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Physician's Signature

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Date

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**PREGNANCY DECLARATION FORM**

\_\_\_\_\_ I do understand the risks involved to me and the fetus during my pregnancy in regard to pregnancy – related radiation safety. I choose to remain in the Program and adhere to the requirements as stated in option A of the Pregnancy Policy.

\_\_\_\_\_ I do understand the risks involved to me and the fetus during my pregnancy in regard to pregnancy – related radiation safety. I choose to postpone the clinical courses of the Program and adhere to the requirements as stated in option B of the Pregnancy Policy.

\_\_\_\_\_ I do understand the risks involved to me and the fetus during my pregnancy in regard to pregnancy – related radiation safety. I choose not to remain in the Program and that a leave of absence from the Program has been granted to me for one year as stated in the option C of the Pregnancy Policy.

\_\_\_\_\_  
Student's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Dr. Juan Meléndez Sostre  
Program Director Signature

\_\_\_\_\_  
Date

**WITHDRAWAL OF DECLARATION OF PREGNANCY**

I, \_\_\_\_\_, a student of Radiologic Technology Program at the School of Health Professions, Medical Sciences Campus, am withdrawing the declaration of pregnancy previously made by me. I understand that as a result of signing and submitting this document, any agreement and leave of absence for pregnancy will be discontinued from \_\_\_\_\_.

Date of Withdrawal of Declaration of Pregnancy: \_\_\_\_\_

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

Acknowledgement of receipt of Declaration of Pregnancy Withdrawal form:

\_\_\_\_\_

Program Director Signature

\_\_\_\_\_

Date