



Teenagers and
Young
Adults with
Cancer



Pregnancy assessment and testing in teenage and young adult females

TYAC Good Practice Guide for health professionals

Aim

The aim of this Good Practice Guide is to provide guidelines for professionals working with teenagers and young adults [TYA] (aged 13-24 years) with cancer. The document has been written from a UK perspective, however, clarification is given where definitions/legal matters differ in individual countries.

Introduction

The objective of this good practice guide is to provide consistent guidance on the process for checking the pregnancy status in TYA undergoing any of the following:

- Nuclear medicine scans
- CT scans
- X-rays
- Surgery
- Systemic anti-cancer therapy
- Other medicines
- Radiotherapy

It also provides guidance for the assessment/testing of pregnancy status in TYA under the age of 16 years.

Why does this matter?

The median age of first heterosexual intercourse in the UK is 16 years for both men and women[3]. Young people under 16 years are less likely to use contraception and concern about confidentiality remains the biggest deterrent to seeking advice[4]. NICE guideline PH51 describes how advice and information on all types of contraception, including tailored services for those with additional needs, can be delivered[2].

There is evidence that some investigations and treatment for cancer carry the risk of spontaneous abortion and harm to the unborn child[5]. To avoid exposing any unborn child to harm and to maintain the wellbeing of the pregnant teenager or young adult, all females of child bearing potential should be considered and assessed for pregnancy, throughout diagnosis, investigations and treatment.

What are the current guidelines?

NICE guidelines for elective pregnancy testing before investigations or surgery state women of child-bearing age should be asked whether or not there is any chance that they may be pregnant, and if there is any doubt of pregnancy, a pregnancy test should be carried out with consent[6]. Local guidelines should also be in place for this, and screening for pregnancy throughout the time patients are receiving cancer treatment

The Ionising Radiation [Medical Exposure] (Amendment) Regulations 2006, SI 2006/2523 recognise the routine questioning about pregnancy before exposure to ionising radiation or the administration of radioactive substances.

How to assess

Bearing in mind the sensitivity of the question, consider who is with the teenager or young adult, and the environment in which you are asking this. Raising this topic may also be the opportunity to discuss sexual health – if safe and appropriate to do so. Brief guidance and further resources are shown in Appendix 2. This may also be used to guide conversations on this area at other times.

Young women aged 16 years and over

For teenagers or young adults over the age of 16 years, the pregnancy question ‘Are you or might you be pregnant?’ can be asked. This must be done with regard to their privacy and safety. If the answer to this question is ‘YES’ or ‘MAYBE’ then a pregnancy test must be offered.

Teenagers aged 13-15 years

In the case of a teenager aged 13-15 years an explanation of the need to ask the ‘pregnancy question’ may need to be given to the person with parental responsibility first, before sensitively approaching the teenager, taking into account their ability to understand the question. Wider issues of culture, family experiences and relationships may impact on the context in which this question should be asked – acknowledging the need to protect the teenager’s safety, privacy and confidentiality.

Sexual activity with a child under 16 years is an offence. Where it is consensual it may be less serious, but may have serious consequences for the welfare of the young person [see Appendix I for further details]. If any concerns are identified, these must be discussed with the individual Trust/Health Board Named Nurse or Named Doctor for Safeguarding Children.

Children under the age of 13 years

Asking the ‘pregnancy question’ of a child under the age of 13 years will need to be handled sensitively and involve those with parental responsibility, as to how and where it is asked. Any child under the age of 13 years who is thought to be sexually active must be discussed with the individual Trust/Health Board’s Named Nurse or Named Doctor for Safeguarding Children or the Trust/Health Board’s Safeguarding Policy applied, as soon as the information is known [see Appendix 1 for further details].

If there is any uncertainty about the possibility of pregnancy, a pregnancy test should be undertaken. In some circumstances a pregnancy test is mandated. Please be aware of your own Trust/Health Board’s policies and practices in this area.

When to assess?

Below are some recommendations, but at all times individual Trust/Health Board policy and guidelines must be complied with. It may not be appropriate to ask a patient about pregnancy risk prior to each episode of care, e.g. twice-weekly general anaesthesia for lumbar puncture procedures, therefore clinical judgement should be used in these situations.

Surgery	The immediate pre-operative period, by asking the patient the 'pregnancy question'.
Diagnostic and therapeutic use	Immediately before a medical diagnostic or therapeutic exposure in x-ray, nuclear medicine or radiotherapy.
Systemic anti-cancer therapy	Patients will be advised on the use of contraception during the consent procedure. However, assessment and consent may be taken days/weeks in advance of starting treatment, but pregnancy status may have changed in that time. Therefore the pregnancy status should be re-checked by asking the patient in the immediate pre-treatment period/admission. Re-checking pregnancy status will be driven by protocol or individual Trust/Health Board policy.
Clinical research	In accordance with the research protocol.

Who is responsible for pregnancy assessing and testing?

The responsibility for informing patients of the risks of any treatment and/or investigation lies with the clinician performing the procedure or their appropriately delegated representative. It is therefore the responsibility of the member of staff performing or prescribing the treatment or procedure to ensure that a patient has had their pregnancy status assessed.

It is the responsibility of the member of staff preparing the patient for a treatment or procedure to confirm the pregnancy status prior to treatment/investigation.

If a member of staff feels inadequately trained to discuss this issue with a female patient then advice should be sought from a senior member of the team.

Consent and refusal to testing

Anyone prescribing and/or administering any intervention with potential to cause harm to a foetus or unborn child in any female capable of becoming pregnant has a duty to advise the patient of this fact.

To consent to a pregnancy test, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question[1].

Young women aged 18 years and over

No one has the right to consent on behalf of another competent adult, i.e. those aged 18 years and over. Covert testing must not be carried out.

For any young woman who is thought to lack capacity, the guidance/policy on The Mental Capacity Act (2005) or the Adults with Incapacity (2000) (Scotland) and the Mental Capacity Act (Northern Ireland) 2016 must be followed.

Teenagers aged 16 and 17 years

By virtue of the Family Law Reform Act (1969), young people aged 16 or 17 years are presumed to be capable of consenting to their own medical treatment, and any additional procedures involved in that treatment, i.e. pregnancy testing [in extreme circumstances, the decision may be challenged by parents].

In Scotland, The Age of Legal Capacity (Scotland) Act (1991) gives full legal capacity from the age of 16 years.

Teenagers under 16 years of age

In English law, in the case of Gillick vs. West Norfolk and Wisbech Area Health Authority (1985), the court held that children who have sufficient understanding and ability to understand fully what is involved in a proposed intervention will also have the capacity to consent to that intervention[7]. Similar provision is made in Scotland by The Age of Legal Capacity (Scotland) Act (1991).

Where advice or treatment relates to contraception, or the child's sexual or reproductive health [as is the case here], healthcare professionals should encourage the child to inform her parent(s), or allow the medical professional to do so.

Where a young person who has been assessed to be Gillick competent and refuses pregnancy testing, their decision can be overridden by either an adult with parental responsibility or a court [see above]. Seek advice from the individual Trust/Health Board.

How to test

Refer to the Trust/Health Board's policy and guidelines.

Post-test follow up and documentation

When documenting a pregnancy test result, the words positive and negative should be used in full and not abbreviated.

What to do if the test is positive

- Inform the medical team ordering/prescribing/administering the intervention or treatment. They should then discuss the result with the teenager/young adult and/or those with parental responsibility
- In these circumstances the overriding objective must be to safeguard the young person, therefore the Safeguarding Children/Vulnerable Adults teams may need to be consulted and the Trust/Health Board's Safeguarding Children policy followed.
- The planned investigation/treatment may be postponed.
- Emergency treatments may need to be carried out and risks to individual and foetus must be discussed.

N.B. Patients with a germ cell tumour may produce a positive test due to their disease. Refer to patient's consultant for advice.

Best practice points to consider:

1	Like all young people, some patients will have areas of their lives they do not share with their parents. When asking about their sexual activity it is important to create an opportunity for them to be counselled alone.
2	Young women should be advised that the exclusion of pregnancy in all females of childbearing age is necessary before all investigations or treatment where there is a risk of harm to the unborn child.
3	People under the age of 16 years are able to give consent if they understand the nature, purpose and implications of the investigation.
4	It is advisable to have written information explaining the rationale of pregnancy assessment and testing, to enable young females to best understand why this is necessary.
5	Consent for investigation should be obtained and documented in medical notes. If consent is taken from the parent this should be clearly documented.
6	It is advised that consideration should be given to females who may have undergone gynaecological surgery/treatment pre- and post-diagnosis. Check if hysterectomy or bilateral oophorectomy have occurred and if so do not question pregnancy status.

Good practice points to consider: Young females under the age of consent or considered vulnerable

1	Parents of young females under the age of 16 should also be advised that the exclusion of pregnancy in all females of childbearing age is standard practice before all investigations or treatment where there is a risk of harm to the unborn child.
2	If a young girl under 13 years of age is found to be sexually active, the Trust/Health Board's Safeguarding Children Policy must be followed as soon as this is known.
3	If the test proves positive and the young female is under the age of consent she must be encouraged to tell her parents and involve them in the management.
4	Any young woman thought to be at risk, either through being pregnant or because of the relationship itself, must be discussed with the Safeguarding Adult/Children Teams within the Trust/Health Board.

References

- [1] **Department of Health.** Reference guide to consent for examination or treatment, second edition. UK 2009.
- [2] **National Institute for Health and Care Excellence (NICE).** Contraceptive services for under 25s [Public Health Guideline PH51]. UK March 2014. <https://www.nice.org.uk/guidance/ph51> [accessed 1 October 2021.]
- [3] **Lewis R, Tanton C, Mercer C et al. Heterosexual Practices Among Young People in Britain:** Evidence From Three National Surveys of Sexual Attitudes and Lifestyles. Journal of Adolescent Health. 2017;61(6):694-702. doi:10.1016/j.jadohealth.2017.07.004
- [4] **Royal College of Obstetricians and Gynaecologists.** Contraceptive Choices for Young People. UK March 2010.
- [5] **Lu D, Ludvigsson J, Smedby K et al. Maternal Cancer During Pregnancy and Risks of Stillbirth and Infant Mortality.** Journal of Clinical Oncology. 2017;35(14):1522-1529. doi:10.1200/jco.2016.69.9439
- [6] **National Institute for Health and Care Excellence (NICE).** Routine preoperative tests for elective surgery (NICE guideline NG45). UK April 2016. <https://www.nice.org.uk/guidance/ng45> [accessed 1 October 2021.]
- [7] **Great Britain. England. Court of Appeal, Civil Division. Gillick v West Norfolk and Wisbech Area Health Authority.** All Engl Law Rep. 1984 Nov 19-Dec 20 [date of decision];1985(1):533-59. PMID: 11648530.
- [8] **Royal College of Obstetricians and Gynaecologists.** Obtaining valid consent. Clinical Governance Advice No.6. UK 2015.

Appendix 1: Pregnancy testing for patients under the age of 16 years



Adapted from The Royal Marsden NHS Foundation Trust, 2018, with permission

Appendix 2: Conversations about sexual health during cancer treatment: suggestions for professionals



Top tip

Information for teenage and young adult patients about sex and relationships during and after treatment is available on the TYAC website www.tyac.org.uk

Before you begin

- Consider the developmental stage, cultural, religious context of the young person
- Assume nothing
- Ask permission to have this conversation
- Start with an open question
- Normalise the subject 'At this point in your treatment we always talk about sexual health, are you comfortable if I do this now?'

Sex during cancer treatment

About sex: Cancer and treatment can make you feel very tired. Don't put pressure on yourself. Talk to your partner. Hugging, cuddling, touching kissing, massaging are alternatives to sex. Libido is often reduced, but usually returns after treatment.

For women vaginal dryness can make sex painful intercourse, water-based lubricant can help with this. Some young woman more prone to thrush if you notice a creamy-white discharge, or an itchiness in the vaginal area speak to a doctor or nurse.

Contraception: Discuss current method of contraception as it may not be suitable to continue on hormonal based contraception i.e. vomiting and risk of pregnancy, risk of thrombosis. Use some form of contraception for the whole duration of chemotherapy in order to prevent pregnancy.

Chemotherapy: Some chemotherapy may be present in body fluids (saliva, urine and vaginal secretions) up until seven days after treatment. If you're having sex use a condom to protect your partner from absorbing the chemotherapy.

Body fluids can be swapped any other in other ways i.e. vibrators. Don't share these whilst on treatment. Clean them well after use.

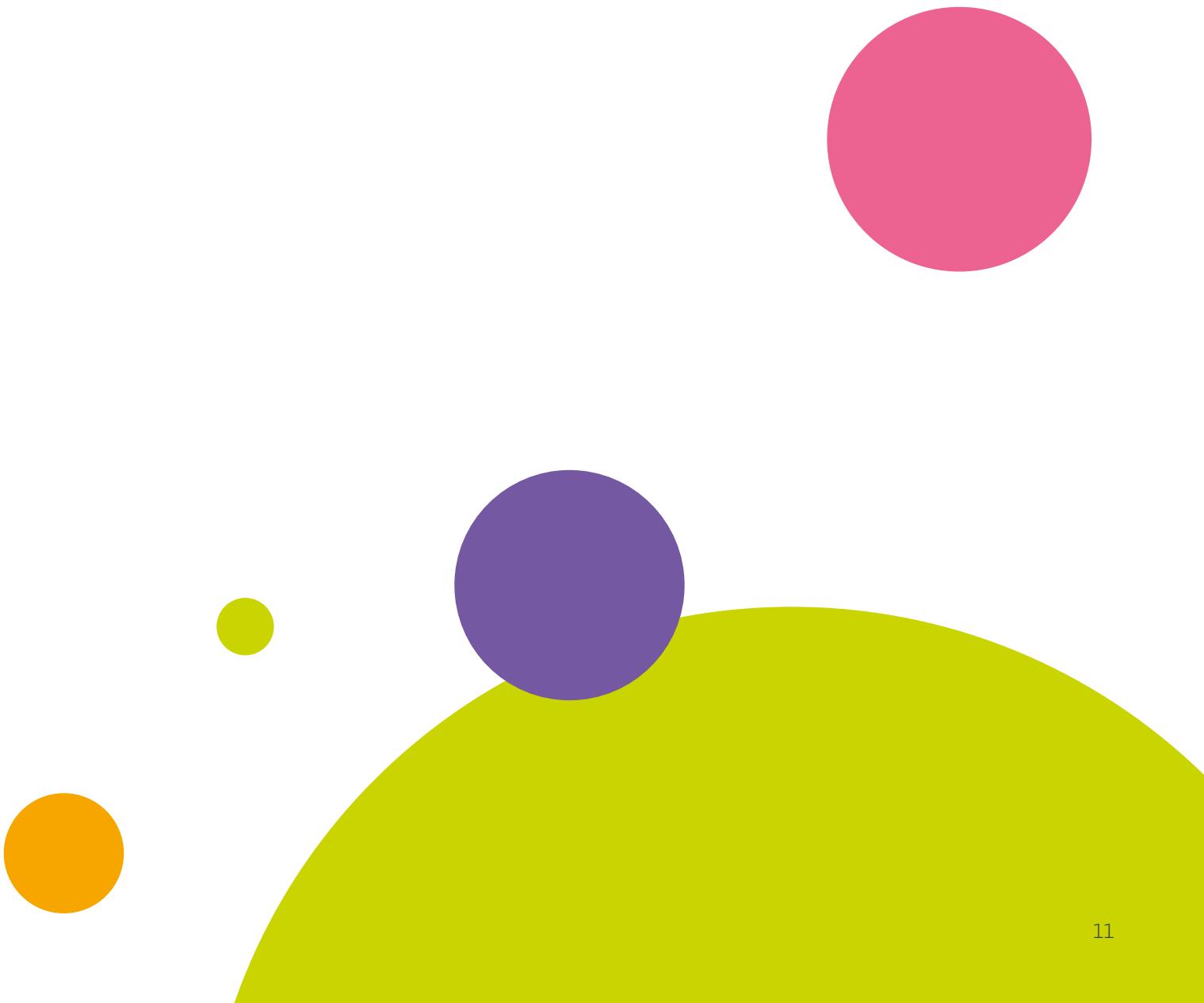
Radiotherapy: If you're having external radiotherapy and want to have sex, there's no risk to your partner and you can have sex as it feels comfortable. If you have a type of radiotherapy called brachytherapy you should use a condom for a few months.

Surgery: After some types of surgery, your surgeon will advise you on how and when to resume sex.

Infections: At times your immune system will be low and it will be easier for you to get an infections. This includes sexually transmitted infections [STI]. Avoid any intimate sexual contact if you or your partner has any type of infection. e.g. cold sores, thrush, flu. Always use a condom for protection, and for one year after.

Bleeding: At times during your treatment you may have a low platelet count (< 50). This places you more at risk of bleeding, at these times avoid rough sex/masturbation and use a water-based lubrication to avoid friction.

Please do not feel embarrassed to speak to a doctor or nurse if you have any questions.





Teenagers and Young Adults with Cancer

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Teenagers and Young Adults with Cancer [TYAC] is the UK's professional association for those who treat and care for teenagers and young adults with cancer. Our strength lies in our knowledge and understanding that teenagers and young adults have different and specific needs to children and older adults, and require age-appropriate care.

By providing information on good practice and new developments, training and support to our members, and through funding and supporting research into teenage and young adult cancer, we aim to improve the quality of life and likelihood of survival for young people with cancer.

Our purpose:

- To be the leading national platform for influence and progress in teenage and young adult cancer treatment and care.
- To support and empower our members through education, awareness, research and knowledge.
- To seamlessly bridge the gap between child and adult cancer care for all TYA patients.

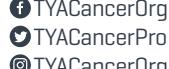
We are working hard to break down barriers and fight for change for all teenagers and young adults with cancer.

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