

Letter to the Editor

Inclusive pregnancy status checks in medical imaging: a vital measure for enhancing patient safety and equity in healthcare

Dear Editor

There is growing recognition of the need for inclusivity and diversity in healthcare to meet the needs of all individuals better. Transgender, non-binary, and intersex (TNBI) individuals are among the patient populations historically underserved and marginalized within healthcare systems. TNBI individuals face substantial health disparities and often experience worse health outcomes compared to cisgender people [1]. Despite the growing awareness, healthcare professionals often lack the necessary competency in TNBI health, particularly in areas such as diagnostic imaging and pregnancy status assessments. This knowledge gap can have serious consequences, including diagnostic errors. For instance, a reported case involved a transgender man who unknowingly received ionizing radiation from a computed tomography scan while pregnant—an avoidable incident if appropriate checks had been in place [2]. To address these critical gaps, the Society of Radiographers (SoR) introduced the Inclusive Pregnancy Status (IPS) form [2]. This form is designed to minimize the risk of inadvertently exposing a foetus to ionizing radiation by identifying patients who have childbearing potential. The IPS form asks all patients aged 12–55 about their sex assigned at birth and acknowledges those with variations in sex characteristics [2]. This approach is a crucial step toward promoting safer and more inclusive medical imaging practices for TNBI individuals.

However, recent media reports have inaccurately portrayed the purpose and role of IPS forms in medical imaging departments [3]. This has precipitated mass confusion and undue alarm among patients and the public. Headlines suggesting “men are being asked if they are pregnant before scans” misrepresents the SoR guidelines and grossly distort the rationale behind these forms, undermining efforts to ensure both patient safety and inclusive healthcare [4]. This is not a new issue, as in 2022, several media outlets erroneously portrayed the guidelines, leading to misperception [5]. Furthermore, this is compounded by the specious and inconsistent implementation of the guidelines across different National Health Service trusts [6]. Globally, healthcare systems are facing similar challenges in adapting safe

and inclusive practices for gender-diverse patients [7]. Although the SoR in the UK has made strides in producing IPS guidelines, countries such as Australia and Aotearoa New Zealand still lack the necessary standardized protocols from professional bodies in determining pregnancy status for gender-diverse patients [8].

The guidelines stipulated by the SoR do not suggest the screening of pregnancy status in the biologically male populace [2]. Rather, IPS checks are proposed for individuals assigned female at birth, comprising transgender men and those who identify as non-binary who may have the capacity for pregnancy. Patients who indicate that they were born male are not asked about pregnancy. This critical detail has been largely overlooked in media reports, contributing to widespread misinterpretation and hostility toward a rather important safety measure [9]. Clearly, the misinterpretation of these guidelines—such as the erroneous belief that all male patients must be asked about pregnancy status—stems from poor implementation rather than the guidelines themselves [9]. By employing inclusive language, radiographers may ensure all patients, regardless of gender identity, experience safe and appropriate healthcare, preventing grievous assumptions of ill-intent to those who might well be pregnant [10].

The argument that the transgender and non-binary community represents too small a population to justify tailored screening policies is not only misguided but dangerous. Patient safety cannot be based on population size; every individual deserves comprehensive care [9]. Population size should never be used as a criterion for patient safety. Just as we install precautions for persons known to possess rare medical conditions. We must address the needs of gender-diverse individuals. The discomfort that may be experienced by some cisgender males who are asked about pregnancy pales in comparison to the potentially devastating consequences of failing to screen patients who may be at risk of pregnancy.

Unfortunately, despite nearly 3 years since the introduction of the IPS guidelines, the everyday implementation of these guidelines remains inconsistent across sites. A recent study

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comprised of radiography students in the UK highlighted variability in IPS check conduct, with some trusts adhering to the guidelines while others choosing to ignore them [6]. This observed discrepancy affects both patient care and the training of future radiographers. Students placed in environments that embrace IPS checks develop confidence in asking necessary questions, while those in less progressive clinical settings report hesitancy and uncertainty [6]. Moreover, many healthcare professionals lack the necessary training to handle sensitive conversations with patients who may have experienced reproductive trauma, especially in gender-diverse groups [6]. This gap highlights the urgent need for standardized education on LGBTQIA2S+ communication across healthcare systems.

Critics argue for a return to “common sense” practices, where only visibly female patients are asked about pregnancy status [3]. However, this approach is both outdated and risky, relying on assumptions about gender presentation that may lead to serious oversights. By using inclusive language and screening all individuals with childbearing potential, radiographers can ensure that no patient is subjected to unnecessary risks based on appearance or identity [10]. To enhance patient safety and inclusivity, we advocate for the adoption of a consistent approach to IPS checks internationally. This includes mandatory training for all radiographers and students on LGBTQIA2S+ communication and IPS protocols as part of their education, alongside efforts to bridge the gap between academic training and clinical practice. By strengthening compliance across clinical environments in their adherence to these guidelines, we may foster a more inclusive healthcare system that respects the identities of all patients while safeguarding their health.

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Jun Jie Lim ^{1,*}, Jack Wellington ², Katie Morrow³,
Stuart Mackay ⁴

¹School of Medicine and Population Health, The University of Sheffield, Barber House, 387 Glossop Road, Sheffield S10 2HQ, United Kingdom

²Leeds School of Medicine, University of Leeds, Worsley Building, Woodhouse, Leeds LS2 9JT, United Kingdom

³Cobbett House, Manchester University NHS Foundation Trust, Oxford Road, Manchester M13 9WL, United Kingdom

⁴School of Allied Health Professions and Nursing, University of Liverpool, Brownlow Hill, Liverpool L69 3GB, United Kingdom

*Corresponding author. School of Medicine and Population Health, The University of Sheffield, Barber House, 387 Glossop Road, Sheffield S10 2HQ, United Kingdom. E-mail: jj.lim@sheffield.ac.uk

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