Guidelines for MRI during Pregnancy

(Rev. 7/10/06)

BACKGROUND
Even though numerous MRI examinations have been performed on patients during pregnancy, including fetal MRIs, with no substantial adverse effects, the safety of MRI procedures during pregnancy has not been definitively proven. To minimize any unforeseen risk to the fetus, a MRI scan should only be performed when there is a clear benefit that outweighs: 1) potential harm to the fetus, 2) substitution with another diagnostic method or 3) delay until after the pregnancy.

SCREENING
All female patients undergoing MRI examinations will be screened for pregnancy. If a patient is uncertain about her pregnancy, the patient should be assumed to be in the first trimester of pregnancy for the MRI exam, or the MRI exam should be re-scheduled until the result of a pregnancy test is available. If the patient is pregnant, an informed consent is needed to document that the risks and benefits of the MR procedure are understood.

FIRST TRIMESTER
Since the risk of adverse effects may be higher at the early stage of fetus development, MR examinations should be avoided during the first trimester unless the potential benefit significantly outweighs the risk.

CONTRAST AGENT
Because of potential risk to the fetus, the use of an MR contrast agent at any stage of pregnancy should be avoided unless the potential benefit significantly outweighs the risk.

OPERATION MODE
Since it is not always practical to provide direct medical supervision recommended by the Food and Drug Administration (FDA) for operating in the first controlled mode to the fetus, a MRI exam during pregnancy should be limited to the normal mode.