

Systematic gaps for pregnancy screening and testing of patients with cancer persist. Absent or inconsistent guidelines and policies are barriers to standardized practice. Awareness among oncology nurses is needed to promote safe cancer care, prevent patient harm, and uphold patient-centered care.

#### AT A GLANCE

- Guidelines and policies lack standardization in pregnancy testing for women of childbearing potential with cancer.
- Partnering with patients through communication and education is crucial to draw awareness to the importance of pregnancy prevention and detection in proximity to cancer treatment.
- Systems-based support bolsters providers in pregnancy screening and testing policy implementation.

#### KEYWORDS

pregnancy testing; cancer treatment; standards; policy; electronic health record

#### DIGITAL OBJECT IDENTIFIER

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# Pregnancy and Cancer Treatment

## Developing a standardized testing policy and procedure

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A cancer diagnosis is devastating and complex. Patients can feel overwhelmed by emotions, information, decisions, symptoms, and the time they spend addressing these. Although infertility after treatment is a commonly covered topic, cancer and pregnancy are not typically thought of as occurring simultaneously. Currently, the incidence of concurrent pregnancy and cancer is low (ranging from 0.1%–0.2%); however, because later onset of cancer in life overlaps with the increased rate of delayed childbearing, this range is anticipated to increase (Esposito, Tenconi, Preti, Groppali, & Principi, 2016; Finer & Zolna, 2014; Matthews & Hamilton, 2014). Women of childbearing potential (WOCBP) should be screened and tested for pregnancy before the commencement of chemotherapy. Gustafson et al. (2018) shared the results of a National Comprehensive Cancer Network (NCCN) Best Practices Committee survey which revealed that, among 23 NCCN member institutions, a significant percentage did not have a pregnancy screening and testing policy (30%). A detailed review of six NCCN member institution policies showed notable variation. Because of an unusual patient-related scenario and to better support consistent and safe practice, the Seattle Cancer Care Alliance addressed standardization of guidelines and policies regarding testing for pregnancy prior to chemotherapy administration.

The authors' institution experienced an uncommon event in which a patient

who was thought to be incapable of pregnancy underwent chemotherapy while actually pregnant. Unfortunately, this discovery was not made until postpartum. This provided a profound opportunity to revisit the institutional approach to fertility assessment and pregnancy prevention during active treatment. Prior to this, pregnancy and contraception concerns were addressed with patients on a per-case basis, but, similar to many peer institutions, standardization of this process was lacking. The event spurred an organization-wide effort to develop and pilot a pregnancy testing policy and corresponding workflow within the breast cancer treatment service line. The aim was to learn from this preliminary pilot pregnancy testing policy and eventually scale this work up to each service line. This article highlights some aspects of the policy development, implementation, and effect on nursing practice.

### Policy Development

An interprofessional task force to establish the pilot pregnancy testing policy included experts in reproductive endocrinology, lawyers, oncologists, nurses, pharmacists, and administrators who regularly met to create a working draft of a pregnancy testing policy. Research has yet to determine the most effective pregnancy testing schedule for WOCBP with cancer (Gustafson et al., 2018). The task force concluded that patients most likely had the least amount of knowledge about simultaneous cancer and pregnancy before their initial visit and, therefore, this visit