Exams where fetus is NOT in x-ray beam

- Fetal exposure is from scattered radiation.³
- For exams above the diaphragms or below the pelvis, patient should be reassured that there is no scientific evidence that the exam will result in any detectable harm to the fetus¹².
- Doses are cumulative.
- CTA (PE) versus V/Q scan: slightly higher fetal dose with V/Q scan (CT dose increases during pregnancy due to size of fetus and its proximity to the chest), but significantly higher dose to breast tissue with CTA chest. 13,14

Radiography ³	Estimated Fetal Dose
	(mGy)
Extremity radiographs	<0.001
(Skull, C-spine, ankle,	
shoulder, femur, etc.)	
Thoracic Spine (AP, Lateral)	< 0.003
Chest X-ray (PA and Lateral)	0.002
CT ³	Estimated Fetal Dose
	(mGy)
Head/Neck	0
Chest	0.02-0.2
Chest (PE study)*	0.02-0.2
Other ^{13,14}	Estimated Fetal Dose
	(mGy)
V/Q scan	0.1-1

^{*}Algorithm for the workup of suspected PE in a pregnant patient should include a PA CXR and Doppler US for DVT prior to CTA or $V/Q \ scan^{10}$

Exams where fetus is IN the x-ray beam

- For radiography exam where fetus is in the x-ray beam estimated fetal dose is generally <3 mGy.³
- For CT exam where fetus is in the x-ray beam, estimated fetal dose is generally 10-34 mGy.³ Always use dose reduction techniques.
- Doses are cumulative.

Radiography ³	Estimated Fetal Dose (mGy)	
Lumbar Spine	<1	
KUB (Lateral)	<1	
KUB (Upright)	<1	
Pelvis (AP)	1-3	
CT ³	Estimated Fetal Dose (mGy)	
Abdomen	1.3-4	
Abdomen/Pelvis	13-34	
Abdomen/Pelvis (stone)	10	

Note: Radiation dose to the fetus increases with increasing patient thickness (i.e., increasing gestational age, obesity)

Patient Thickness	AP view	Lateral view
(cm)	(mGy)	(mGy)
14-15	1.0	0.7
20-23	2.1	1.5
27-30	4.3	3.0

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