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%).

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...