

# Summary of ACR Appropriateness Criteria for Breast Imaging of Pregnant and Lactating Women

The American College of Radiology (ACR) released guidelines regarding breast imaging and pregnant and lactating women. The full recommendations can be found here: <https://acsearch.acr.org/docs/3102382/Narrative/>

In summary, the ACR recommends considering screening imaging in pregnant and lactating women under the age of 30 who are at high risk for breast cancer, as well as those between the ages of 30-39 who are intermediate to high risk of breast cancer. It recommends screening imaging for pregnant and lactating women over the age of 40 at average risk for breast cancer.

The ACR reports that mammography or digital breast tomosynthesis (DBT, or “3D mammography”) is not contraindicated during pregnancy or lactation; patients in this population may benefit from DBT to reduce the masking effect of dense breast tissue. Uterus shielding is recommended. The radiation dose to the uterus is < 0.03 mGy, with no teratogenic effects documented below the 50mGy threshold for pregnancy.

Because of increased breast density, ultrasound may be used as supplemental screening modality. MRI is not recommended during pregnancy for any screening or diagnostic indication. For high-risk women who plan to breastfeed for long periods of time, MRI may be considered for screening. For high-risk women breastfeeding for shorter periods of time, MRI should be performed three months after cessation of lactation.

For diagnostic imaging, ultrasound is recommended as the initial imaging modality. If ultrasound is negative, or demonstrates suspicious findings, additional imaging with mammography or DBT may be indicated. Core needle biopsy rather than fine needle aspiration (FNA) should be performed after a full diagnostic imaging workup has been completed. There is a small but rare risk of milk fistula, and this risk should not preclude biopsy of any suspicious lesion.

Bloody nipple discharge may occur in up to 20% of pregnant and lactating patients, and is related to proliferative epithelial changes and increased vascularity in the breast. It usually is self-limited. If unilateral bloody discharge persists, retroareolar ultrasound should be performed. Diagnostic mammogram with retroareolar magnification may be of benefit as an adjunctive or initial examination.