

## PRINTER: Cut sheet on dotted line exactly (at 61)

### Ultrasound Scans

You will be offered one or two routine ultrasound scans in the first half of pregnancy (i.e. usually by 20 weeks). As with blood tests, it is up to you to decide whether you want any scans to be performed in your pregnancy. The scientific evidence is that ultrasound scanning during pregnancy is safe for mother and baby.

It is important to be aware of what the scans are intended for.

Most scans fall into one of three categories:

- early scans to check the number of babies and to date the pregnancy
- anomaly scans, recommended to be done at about 20 weeks
- scans later in pregnancy, not done routinely but when there are doubts about the baby's growth and wellbeing, or about the position of the placenta

Explained

Accepted  
by mother

No Yes

   

Date

Signed\*: Care Provider

### Reasons for Scans

**Dating pregnancies.** It is important to know the age of the baby in the womb so that we know how mature the fetus is. **Scan dates are more accurate than menstrual dates** if done before 22 wks. This is because they look at the actual age of the fetus, whereas menstrual dates are based on the first day of the last menstrual period and assume that fertilisation has occurred 14 days later, which is not always the case. Please note also that most babies are NOT born on their actual due date, but during a 4 week period around it. Usually babies come when they are ready.

**Early pregnancy ultrasound scan.** It is standard to offer you an early scan between 10 weeks and 13 weeks and 6 days to confirm the pregnancy and the number of babies in the womb, and to calculate the date of delivery. Some units check for nuchal translucency at this time, as one method to screen for Down's syndrome (see page 6).

**Anomaly scan.** A detailed scan is usually offered at 18-21 weeks gestation. This is a good time to check for abnormalities (anomaly) of the head, spine, limbs, abdomen and heart of the baby. However, it is important to understand that ultrasound will not identify all problems. Detection rates will vary depending on the type of anomaly, the position the baby is lying in, previous surgery to your abdomen and maternal size. If a problem is suspected you will be referred to a specialist to discuss the options available to you. Sometimes problems are suspected in normally developing babies. *For a list of the most common anomalies and the chance of it being identified on ultrasound, see [www.preg.info/scans](http://www.preg.info/scans).*

**Scans to check the baby's well-being later in pregnancy.** An ultrasound scan can check what size the baby has reached at a particular point in pregnancy. The main measurement for this is the abdominal circumference, which includes the size of the liver (the main nutritional store of the growing baby) and the abdominal wall thickness (related to fat reserves). Scans to measure fetal size are usually not done routinely, but if there is a suspicion that the baby may not be moving or growing well. An assessment of the amount of amniotic fluid (liquor) around the baby is also important, as low liquor is linked to fetal growth restriction and can cause fetal distress. If the scan suggests that the baby may be small, Doppler flow studies can establish whether the baby is receiving sufficient blood flow with oxygen and nutrients through the placenta (afterbirth). Scans are sometimes also done to examine and identify the position of the placenta, which may have been low in the womb at an earlier scan. A low placenta increases the risk of heavy bleeding later in pregnancy. (See page 16).

**Sex of the Baby** Although the scan can sometimes tell whether the baby is a boy or girl, this is not always accurate. Please note, scans are NOT done for personal requests to find out what the sex of the baby is.

### Diagnostic Tests for Chromosomal Abnormalities

Diagnostic tests (Amniocentesis or CVS) are usually offered to detect whether or not a baby has a chromosomal condition such as Down's syndrome. They are not offered on a routine basis, but when the result of a screening test is reported as 'high chance' (see pages 6 & 7), to anyone with a family history of an inherited problem, or as a result of scan findings. It is important to remember that you have a choice of whether or not to undergo this procedure. Your health professionals will discuss with you the options available.

**Amniocentesis:** is a diagnostic test which involves removing a small amount of the fluid from around the baby using a needle. It is normally performed after 15 weeks. The risk of miscarriage from amniocentesis is approximately 1 in 100.

**CVS (Chorionic Villus Sampling):** is a diagnostic test which involves removing tiny amounts of the placenta (afterbirth), using a needle. This can be done from 10 weeks, but usually is only performed from 11 weeks. The chance of miscarriage is similar or slightly higher than with amniocentesis. Occasionally results from CVS are not clear and you will then be offered an amniocentesis.

There are two types of laboratory test which can be used to look at the baby's chromosomes - a full karyotype and a rapid test (PCR). A full karyotype, checks all of the baby's chromosomes and takes 2 to 3 weeks. PCR checks for specific chromosomes, and results take up to 4 working days. Sometimes a test to detect Down's syndrome will find another chromosomal problem, e.g. Edward's or Turner's syndrome.



# Pregnancy Assessment

**Dates** LMP = Last Menstrual Period (first day); EDD = Expected Date of Delivery

LMP  /  /  EDD  /  /  **Agreed EDD**  /  /

This date is used to determine the best time for the dating scan Best calculated from dating scan (if done before 22 weeks) To be entered also on pages 1 & 17, and in the customised growth chart program

**Special points for screening**

**Anomaly leaflet**

## Dating Scan

S/M = Single/Multiple; FH = Fetal Heart; CRL = Crown Rump Length; BPD = Biparietal Diameter; HC = Head Circumference; FL = Femur Length

Date	S/M	FH	CRL	BPD	HC	FL	Gestation at this scan	Comments	Signed *

## Anomaly Scan

Date  /  /  The ultrasonographer will tick boxes of the views of the baby which could be seen.

Skull & Ventricles  Cerebellum  Face  Spine - long  Spine - Transverse

Heart 4-chamber view  Heart outflows  Stomach / Diaphragm  Cord insertion  Kidneys & Bladder

Arms - 3 bones left  Arms - 3 bones right  Legs - 3 bones left  Legs - 3 bones right  Placental site

Comments

Signed\*

## Ultrasound Scan Details

GA = Gestational Age; Pres = Presentation; BPD = Biparietal Diameter; HC = Head Circumference; AC = Abdominal Circumference; FL = Femur Length; EFW = Estimated Fetal Weight; Plac = Placenta; AF = Amniotic Fluid.

Date	GA	Lie/Pres	BPD	HC	AC	FL	EFW	Plac	AF	Doppler	Signed *

## Diagnostic Tests

Tests explained  No  Yes

NSC leaflet given  No  Yes

Date  /  /

\*Signed

Care provider

Test type  Indication

Test offered  No  Yes

Test accepted  No  Yes

Date performed  /  /

\*Signed

Needle/cannula gauge  No. uterine insertions

Aspiration method  Blood stained tap

Results

Comments

Affix additional sheets here for multiples (eg twins or triplets)

\* Signatures must be listed on page 22 for identification

Name

Unit No