

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 size of the baby in your 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 it looks at the actual age of the fetus, whereas menstrual dates are based on the first day of the last period which assumes fertilisation occurred 14 days later, this is not always the case. Most babies are NOT born on their expected due date, but during a 4 week period around it. Usually babies come when they are ready.

Early pregnancy. You will be offered a scan, to be performed between 10 weeks and 13 weeks and 6 days to confirm the pregnancy and number of babies in the womb and also calculate the expected date of delivery. You may also be offered screening for Down's syndrome (see page 6) at this time.

Mid-pregnancy. You will be offered another scan, to be performed between 18 weeks and 20 weeks and 6 days. The purpose of this scan is to have a good look at your baby and check for abnormalities (anomaly) of the head, spine, limbs, abdomen and heart. We usually find the baby appears healthy and developing well, but sometimes a problem is found. If a problem is suspected, you will be referred to a specialist to discuss the options available to you. However it is important to know 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. *For a list of the most common anomalies and the chance of it being identified on ultrasound, see www.preg.info/scans.*

Later pregnancy. Scans can be performed in later pregnancy to check the baby's well-being. This may be required if there are concerns about how the baby is growing, or if you have certain medical conditions, such as diabetes. 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). 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 you will be referred to a specialist to discuss the options available to you. Scans are sometimes also done to 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 12). **Sex of the Baby**, although we can sometimes tell the sex of the baby, they 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 diagnose whether or not a baby has a chromosomal condition such as Down's syndrome. They are not offered on a routine basis but to: anyone with a family history of an inherited problem, a result of a screening test reported as higher risk (see page 6), 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 the options available.

Amniocentesis: 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): involves removing tiny amounts of the placenta (afterbirth), using a needle, it is usually performed between 11 and 13 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.



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

Date	Print out attached (Y/N)	S/M	FH	CRL	BPD	HC	FL	Gestation	Comments	Signed *
DDMMYY										
DDMMYY										

Anomaly Scan Date Gestation Print out attached to notes Yes No

Skull & Ventricles <input type="checkbox"/>	Cerebellum <input type="checkbox"/>	Face <input type="checkbox"/>	Spine - long <input type="checkbox"/>	Spine - Transverse <input type="checkbox"/>
Heart 4-chamber view <input type="checkbox"/>	Heart outflows <input type="checkbox"/>	Stomach / Diaphragm <input type="checkbox"/>	Cord insertion <input type="checkbox"/>	Kidneys & Bladder <input type="checkbox"/>
Arms - 3 bones left <input type="checkbox"/>	Arms - 3 bones right <input type="checkbox"/>	Legs - 3 bones left <input type="checkbox"/>	Legs - 3 bones right <input type="checkbox"/>	Placental site <input type="text"/>
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 *
Comments											
Comments											
Comments											
Comments											
Comments											

Diagnostic Tests

Tests explained <input type="checkbox"/> No <input type="checkbox"/> Yes NSC leaflet given <input type="checkbox"/> No <input type="checkbox"/> Yes Date <input type="text" value="D D M M Y Y"/> *Signed <input type="text"/> Care provider	Test type <input type="text"/> Indication <input type="text"/> Test offered <input type="checkbox"/> No <input type="checkbox"/> Yes Needle/cannula gauge <input type="text"/> No. uterine insertions <input type="text"/> Test accepted <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration method <input type="text"/> Blood stained tap <input type="text"/> Date performed <input type="text" value="D D M M Y Y"/> *Signed <input type="text"/>
Results <input type="text"/>	Comments <input type="text"/>

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

* Signatures must be listed on page 26 for identification

Name <input type="text"/>
Unit No <input type="text"/>