SASUOG

South African Society for Ultrasound in Obstetrics and Gynaecology

Guideline for ultrasound referrals by general obstetricians

Background

To optimise the care of pregnant women, it makes sense to offer scanning by a sonographer only if the pregnancy does not have any risk factors that require medical expertise and the scan is unlikely to reveal findings that require further testing or in-depth counselling outside a sonographer's scope of practice. Such cases are best scanned primarily by a medical practitioner with fetal medicine expertise to avoid a subsequent referral from the sonographer to the expert, at significant additional cost to the parents.

This is just a guideline and the application thereof will understandably vary according to the referring obstetrician's expertise in dealing with these risk factors or with any abnormal findings identified by the sonographer and also according to the accessibility of a level III unit.

When to refer to a Level III scanning unit rather than to a sonographer

Maternal indications

- Family history: First degree relative with congenital defect
- Pre-existing metabolic disease (e.g. Diabetes, Phenylketonuria)
- Maternal infections (Cytomegalovirus, Parvovirus B19, Rubella, Coxsackie, Toxoplasmosis)
- Teratogen exposure (Retinoids, Phenytoin, Carbamazepine, Valproic acid, Lithium carbonate, MTX)
- Maternal antibodies (Anti-Ro (SSA), Anti-La (SSB), anti-TSH receptor, anti-red cell, anti-platelet)
- Maternal age > 40 years and/or patient requests invasive genetic testing
- Three or more first trimester miscarriages
- One or more second or third trimester losses
- Suspicious maternal adnexal mass

Fetal indications

- Suspected fetal anomaly
- Visibly enlarged nuchal translucency or cystic hygroma
- Screening for the common aneuploidies: parents not satisfied with the screening results (1st or 2nd trimester) and would consider invasive testing

- Low anterior placenta with previous caesarean section
- Monochorionic twin pregnancy
- Complicated dichorionic twin pregnancy (defined as: discordant growth > 25% as percentage of larger twin; single intra-uterine demise after first trimester)
- Fetal or placental tumour
- Fetal cardiac rate or rhythm disturbances (Persistent bradycardia / tachycardia / irregular heart rhythm)

Disclaimer:

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