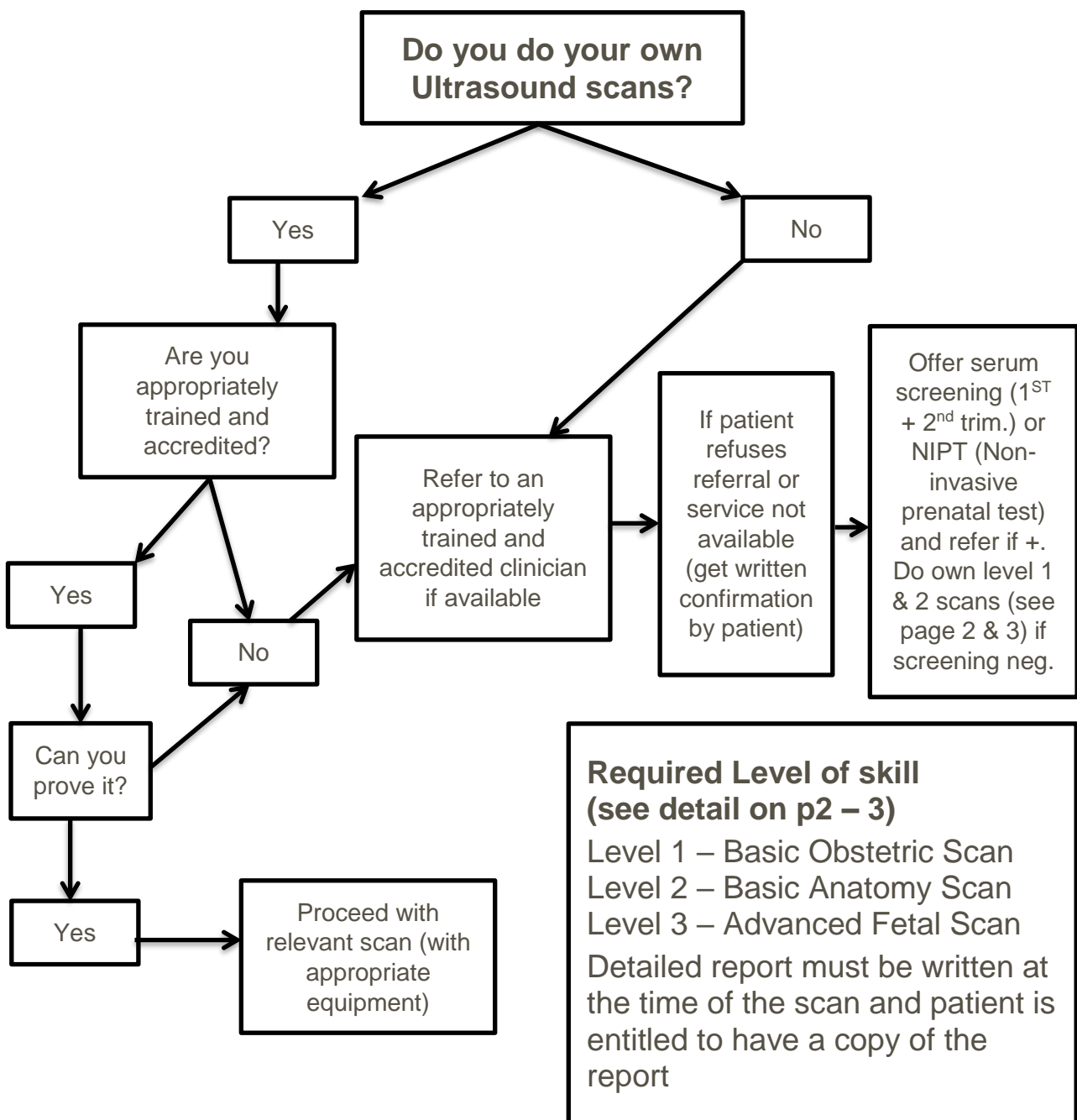




ULTRASONOGRAPHY SCREENING IN PREGNANCY



Required Level of skill (see detail on p2 – 3)

- Level 1 – Basic Obstetric Scan
- Level 2 – Basic Anatomy Scan
- Level 3 – Advanced Fetal Scan

Detailed report must be written at the time of the scan and patient is entitled to have a copy of the report

Required Scans for anomalies

11 – 13⁶ weeks: Downs detection and some anomalies (Minimum Level 2, preferred Level 3).

NT Scan requires accreditation with Fetal Medicine Foundation

18 – 22 weeks: Detailed anatomical scan (Level 3)

Appropriate Equipment

1. Good resolution
2. Ability to adequately enlarge the image
3. Callipers must measure in 0.1mm steps
4. Appropriate obstetric transducers with multiple frequencies (2 – 5 MHz)
5. Good colour and Doppler

SASUOG recommendation for different scanning levels, depending on skills

1) The Basic Obstetric Scan:

In/Extra-uterine

Number of fetuses

Placental localization (criteria gestation dependent)

Fetal Presentation

Biometry for dating and assessment of growth (CRL, BPD, AC, FL)

Liquor volume

2) The Basic Anatomy Survey:

In/Extra-uterine

Number of fetuses

Placental localization (criteria gestation dependent)

Fetal Presentation

Biometry for dating and assessment of growth (CRL, BPD, AC, FL)

Liquor volume

Normal appearance of biometry sections AND

Head: shape, integrity

Brain: TCD-transcerebellar diameter, Atrium width – posterior horns of the lateral cerebral ventricles

Face: 2 eyes

Spine: Spine closed

Thorax: Lungs present

Heart: 4 chamber heart view, 3 vessel view

Abdominal Wall: Cord insertion

Stomach: Stomach present and left sided

Bladder: Present

Kidneys: 2 kidneys present
Limbs: Hands and feet present
Skeleton: 12 long bones
Twin: chorionicity

Any deviation from normal detected at this scanning level should be referred for second opinion.
AFP screening should be offered as additional screening.

3) Advanced fetal detailed scan:

In/Extra-uterine
Number of fetuses
Placental localization
Fetal Presentation (criteria gestation dependent)
Biometry for dating and assessment of growth (CRL, BPD, AC, FL)
Liquor volume
Normal appearance of biometry sections AND
Head: shape, integrity
Brain: TCD-trans cerebellar diameter, Atrium width – posterior horns of the lateral cerebral ventricles
Face: orbits, lips and palate, facial profile
Spine: Spine closed
Thorax: Lungs present
Heart: 4 chamber heart view, outflow tracts, 3-vessel-trachea view
Abdominal Wall: Cord insertion
Stomach: Stomach present and left sided
Bladder: Present
Kidneys: 2 kidneys present and normal
Limbs: Hands and feet present, fingers and toes intact
Skeleton: 12 long bones
Fetal sex
Soft markers
Cervical length
Doppler studies
Invasive procedures
Twin chorionicity

Nuchal Translucency NT accreditation: FMF

References

1. ISUOG Practice Guidelines: Performance of first-trimester fetal ultrasound scan. ISUOG Clinical Standards Committee. *Ultrasound Obstet Gynecol* 2013; 41: 102–113. DOI: 10.1002/uog.12342
isuog.org GUIDELINES
2. Practice guidelines for performance of the routine mid-trimester fetal ultrasound scan. L. J. SALOMON, Z. ALFIREVIC, V. BERGHELLA, C. BILARDO, E. HERNANDEZ-ANDRADE, S. L. JOHNSEN, K. KALACHE, K.-Y. LEUNG, G. MALINGER, H. MUNOZ, F. PREFUMO, A. TOI and W. LEE on behalf of the ISUOG Clinical Standards Committee. *Ultrasound Obstet Gynecol* (2010). DOI: 10.1002/uog.8831

Authorship

These guidelines were drafted by a clinical team from Mediclinic and were reviewed by a panel of experts from SASOG and the BetterObs clinical team. All attempts were made to ensure that the guidance provided is clinically safe, locally relevant and in line with current global and South African best practise. Succinctness was considered more important than comprehensiveness.

All guidelines must be used in conjunction with clinical evaluation and judgement; care must be individualised when appropriate. The writing team, reviewers and SASOG do not accept accountability for any untoward clinical, financial or other outcome related to the use of these documents. Comments are welcome and will be used at the time of next review.

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