



OBSTETRIC ULTRASOUND EVALUATION

This document is intended to use as template for record keeping or to motivate for interventions >26 weeks. Clinical care decisions remain the responsibility of the health care team in discussion with the patient.



Developed and endorsed by SASOG as part of the BetterObs® programme

Date: _____ File: _____

PRACTITIONER NAME: _____ QUALIFICATION: _____

PATIENT NAME: _____ Gestational age: _____

Complete only relevant sections

PLACENTA

Location: _____

Assessment or other findings: _____

AMNIOTIC FLUID

AFI or diameter of largest pocket: _____

Assessment or other findings: _____

BIOMETRIC FINDINGS

BPD: _____ FL: _____

AC: _____ EFW: _____

Lie, position, presentation, or other findings:

Assessment:

FETAL WELL-BEING

Umbilical artery resistance index (or alternative Doppler flow study) value:

Assessment - centile or z-score: _____

Middle cerebral artery Doppler:

Assessment - centile or z-score: _____

MATERNAL CONDITION:

Previous uterine or cervical surgery, C/S or myomectomy: Yes No

Other, details:

Signature _____