

PROTOCOL FOR DATING SCANS

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

A dating scan is performed during the first trimester of pregnancy in order to determine the Estimated Date of Delivery (EDD).

The EDD is then used to plan the management of the pregnancy.

Multiple pregnancies are usually identified at this scan.

Undertaking of Combine screening test is also recommended by FASP during the 1st trimester scan, if requested by the Patient.

THIS PROTOCOL IS TO BE USED BY THE FOLLOWING STAFF:

Sonographers, scanning midwives and obstetricians holding a Certificate in Obstetric Ultrasound.

Lead Clinician(s)

Mr S. Agwu
 Dr Johnson

Consultant Obstetrician/Gynaecologist
 Clinical Director of Radiology

Clinicians who were involved in this guideline amendment:

S. Agwu	Consultant Obstetrics/Gynaecology
A. Morrison	Midwife Sonographer Lead
D. Adams	Sonographer
J. Ledger	Sonographer SS21 Lead

Approval Date – 15th November 2019

Review Date – 15th November 2022

This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendment	By:
24/06/2010	Extended version approved by representatives of the Obstetric Guidelines Group	Mrs J A Barratt
15.06.2012	Minor amendments made according to the latest National Guideline Approved at Obstetric Governance Committee	Mr S. Agwu Mrs A. Morrison
04/11/14	Guideline reviewed and no amendments required as it is in line with the latest National Guidelines (FASP UK NSC "Model of best practice" 2011-2014)	A. Morrison C. Stabler R. Duckett
25/01/16	Guideline review and amendments made to "twice on couch" event if difficulties in obtaining nuchal translucency measurement (NT) in line with FASP updated programme handbook June 2015	R. Duckett A. Morrison C. Stabler
24/5/16	DNA policy reference included	A Morrison C Stabler
27/02/2019	Guideline reviewed and approved.	A Morrison C Stabler

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COMPETENCIES REQUIRED

The minimum standard for sonographers, scanning midwives, radiologists and obstetricians is a Certificate in Obstetric Ultrasound. If performing NT's appropriate DQASS certification is required.

PATIENTS COVERED

Women in the first trimester of their pregnancy

Occasionally a patient may present later in their pregnancy not having had a scan to date.

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These should be performed between 10 and 14⁺¹ weeks gestation, or 11⁺² – 14⁺¹ if patient requesting screening. The CRL should be within the parameters of 45 -84mm for NT to be performed.

The following should be recorded in the patient's handheld note on the dating scan section (page 9):

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

WAHT-TP-094

- Intra- or extra- uterine sac/s
- Number of fetuses present.
If twins – note chorionicity, store thermal image in green handheld notes to confirm chorionicity. If uncertain, obtain second opinion from sonographer or Multiple pregnancies clinic, early to assess chorionicity.
- Fetal heart and Fetal movements
- Any pathology noted, needs to be reported
- If scanned other than by an experienced sonographer, a second opinion can be sought for any pathology.

- Measurements:

Crown Rump Length (CRL) up to 14⁺¹ weeks (84mm)

Head circumference (HC)/Femur length (FL) from 14⁺² weeks – 25 completed weeks.

Nuchal Translucency (NT) measurement from 11⁺² weeks (45mm) – 14⁺¹ weeks (84mm), if patient requests Combine screening. (refer to Down's Syndrome screening policy WHAT-OBS-109)

In the event where screening is accepted but it is not possible to obtain the NT measurement at the 1st appointment, one other attempt should be offered (this may be on this same day or at later date). If the CRL measurements is less than 45 mm at the 1st scan appointment, a re call appointment should be given for a further scan to measure NT. If it is not possible to obtain an accurate NT measurement despite "twice on the couch", the women should be referred in to second trimester screening pathway (refer to protocol for Down's Syndrome Screening WHAT-OBS-109)

Anomalies

If picked up refer to screening team for further assessment to be arranged either FM in WRH or FM in Birmingham Womens Hospital.

Pregnancy Loss

Refer to protocol for viability scans.

Record keeping

All scan results will be carefully documented and archived.

- Ultrasound clinical information system – CRIS
- Ultrasound requests/reports/images storage (PACS)
- In the Women hand held record

DNA

In the event of a DNA please refer to the policy WHAT-OBS-073 - Follow up of women who fail to attend their appointment for antenatal care.

MONITORING TOOL

Images (CRL and NT) to be audited locally 3 monthly.

Downs Syndrome Screening Quality Assurance Support Service (DQASS) to audit the sonographers performance and quality assurance for NT measurements. This is done 6 monthly by direct data collection from the laboratories and audited by DQASS individually, then the outcome is reported back to the SS 21 lead for each area.

REFERENCES

FASP UK NSC policy recommendations 2011-2014 "Model of best practice"

BMUS August 2011; vol.19 no 154 -15

NICE Antenatal care pathway – Nov 2011, updated April 2012

CONTRIBUTION LIST

Key individuals involved in developing the document

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