

PROTOCOL FOR VIABILITY SCANS

All healthcare professionals must exercise their own professional judgement when using guidelines. However any decision to vary from the guideline should be documented in the patient records to include the reason for variance and the subsequent action taken.

INTRODUCTION

Viability scans are performed after an episode of Per Vaginum (PV) bleeding where the loss of the pregnancy is suspected.

THIS GUIDELINE IS TO BE USED BY THE FOLLOWING STAFF:

Midwives, Sonographers, and Obstetricians holding a Certificate in Obstetric Ultrasound.

Staff of any grade that has not had any formal ultrasound scanning training should not be performing these scans without supervision by an appropriately trained individual.

Lead Clinician(s)

Miss Rachel Duckett

Consultant Obstetrician

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 available

Key amendments to this guideline

Date	Amendment	By:
24 June 2010	Extended for a further period without amendment.	Miss R Imtiaz
04/11/14	Amendments applied in accordance to NICE green top guideline September 2014 "Management of intrauterine pregnancy in women with pain or bleeding" Amendments made to the values of MSD and CRL and second opinion for confirmation of non-viable diagnosis.	A Morrison C Stabler J.Hughes M Pathak
29/04/16	Extended for further period without amendments	Miss R. Duckett C. Stabler A. Morrison
27/02/2019	Review and update of the guideline	A Morrioso C Stabler

GUIDELINE FOR VIABILITY SCANS

INTRODUCTION

Viability scans are performed after an episode of Per Vaginum (PV) bleeding where the loss of the pregnancy is suspected.

COMPETENCIES REQUIRED

The grades of staff performing these scans are:

- Midwives
- Sonographers
- Obstetricians
- Radiologists

All must have been trained and obtained a Certificate in Obstetric Ultrasound.

Staff of any grade that has not had any formal ultrasound scanning training should not be performing these scans without supervision by an appropriately trained individual.

PATIENTS COVERED

Patients referred by their General Practitioner (GP) to the EPAU or Accident and Emergency (A&E) after PV blood loss

GUIDELINE FOR VIABILITY SCANS

When an early pregnancy loss is suspected, the following should be recorded:

- The number of sacs and/or mean sac diameter.
- Regularity of the outline of the sac.
- Position of the sac in the cavity.
- Presence of any haematoma.
- Presence of yolk sac.
- Presence of fetal pole.
- Crown Rump Length (CRL)
- Presence or absence of a heartbeat.

Extra-uterine observations should include the appearance of the ovaries, ovarian cysts, adnexal masses or fluid in the pouch of Douglas (POD)

If any doubt exists a transvaginal scan should be performed with the patient's consent.

If an empty gestation sac is seen and the mean sac diameter (MSD) is less than 25 mm with a transvaginal ultrasound scan, a rescan in no less than 7 days should be performed.

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If the MSD is 25mm or more and there is no visible fetal pole, a second opinion should be obtained to confirm the diagnosis/or a second scan should be performed a minimum of 7 days after the first examination.

If a fetal pole is seen measuring less than 7mm with no heartbeat a rescan should be performed in no less than 7 days.

If a fetal pole is 7mm or more with no fetal heart present this is indicative of a missed miscarriage. A second opinion should be obtained to confirm the diagnosis/or a second scan should be performed a minimum of 7 days after the first examination.

If the fetus is viable patient to be managed using dating protocol.

MONITORING TOOL

Annual audit by West Midlands Perinatal Institute (WMPI)

This is carried out by recordings of images obtained which are then checked by WMPI.

Results are fed back (anonymously) to individual sonographers.

REFERENCES

Royal College of Obstetricians and Gynaecologists website gives guidelines as to what should be examined during the test.

Report of the public enquiry, "Establishing the Death of an Embryo".

NICE green top guideline: "Management of intrauterine pregnancy in women with pain or bleeding"
September 2014

CONTRIBUTION LIST

Key individuals involved in developing the document

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