

Obstetric Protocols

Guidelines for 3rd Trimester Scanning

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| Key Documents Owner/Lead: | Dr Hillman | Consultant Obstetrician |
| Approved by: | Maternity Governance Meeting | |
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Key Amendments

| Date | Amendments | Approved by |
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INTRODUCTION

This is a joint protocol developed by the Radiology and Obstetrics Directorates.

The purpose of this protocol is to provide an agreed and accepted standard for the performance of 3rd trimester fetal surveillance scans in DAU setting within Worcestershire Acute Hospitals NHS Trust

SGA is a significant contributor to perinatal morbidity and mortality. The aim of antenatal diagnosis and appropriate management of SGA is to reduce perinatal mortality and morbidity, primarily by optimising the timing of delivery of the affected fetus.

Fetuses identified as small for gestational age (SGA) during the antenatal period, comprise a heterogeneous group in regard to aetiology, management and prognosis.

Incorrect dating of the pregnancy is a common problem in late bookers / un-booked pregnancy and may be mistaken as small for gestation age.

In accurately dated pregnancies the fetuses identified as SGA are:

- 80-85% Constitutionally small but healthy
- 5-10% Chromosomal/ structural anomalies/ intrauterine infection
- 10-15% True SGA

One of the most important aims of effective antenatal care is the detection of the fetus at risk from SGA.

COMPETENCIES REQUIRED

The minimum standard for sonographers, scanning midwives, radiologists and obstetricians is a Certificate in Obstetric Ultrasound, which includes qualification for the performance of growth/Liquor volume/Dopplers/presentation scans.

Lead Clinician(s)

| | |
|-----------------|-----------------------------------|
| Sharon Sarkar | Antenatal Clinic Manager WRH site |
| Aldona Morrison | Midwife Sonographer Lead |
| Carolyn Stabler | Superintendent Sonographer |

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1. PATIENTS COVERED

Women in the third trimester of their pregnancy, referred via ANC; DAU; Community; Inpatient requiring fetal surveillance scan.

2. PROTOCOL

The ultrasound examinations will be performed by Midwife Sonographers/or Sonographers, that carry qualification/certificate of higher education in Obstetric USS, which must include certificate for the performance of 3rd trimester growth/Liquor volume/Dopplers studies.

In the event where scan list is led by Midwife Sonographer from DAU, she must not be expected to review pathological scan findings and spend time arranging plan of care, as the appoint time will not allow for this.

3. REFERRAL PROCESS

Referrals will be managed by DAU and ANC Depts only to ensure the correct appoint booking is in place and the scan referral is examined for correct plan of care in each individual case ie is the scan really appropriate?

If the request form is not completed appropriately (clinical indication for scan/gestation/investigation required/name of requester), the scan will NOT be performed and patient will be sent away. Please ensure you state the actual BMI and age rather than “raised BMI” etc

4. Growth scan required measurements

HC in trans ventricular plain

AC

FL

In the event where the fetal head is very low in the maternal pelvis and the HC measurement is not possible to be performed in the correct plain, the EFW should be obtained by the AC and FL measurement only.

5. Liquor Volume

SDP – Single deepest Pool to be measured and reported. Document if no cord free pool.

Normal ranges for SDP

2-10cm normal

<2cm reduced liquor

>10cm increased liquor

If Liquor is abnormal visualise fetal stomach, bladder and kidneys, if possible fetal face to be visualised in cases of excessive liquor.

6. Umbilical Artery Doppler

When to perform:

If EFW is below 10th centile or growth drops across a centile or large drop within a centile.

In the event of an AC measurement tailing off from previous growth scan

If the Single deepest pool is less than 2cm.

Reduced Fetal movements from 2nd episode onwards.

7. No Fetal Movements felt before 24 weeks ever.

These patients are to have a growth scan for monitoring of the fetus (from trust reduced FM protocol approved by Womens directorate).

Multiple pregnancy

Refer to guideline WHAT-RAD-002

In the event of twin pregnancy requiring growth/LV/Doppler scan via the referral to be performed by DAU midwife sonographer, this can take place providing the DAU midwife sonographer completed competency sheet with the multiple pregnancies consultant specialist. The competency document requires the performance of 5 3rd trimester fetal surveillance scans on twin pregnancies, under the supervision of an experience twin clinic consultant specialist.

8. Breech Presentation

To be performed at 36/40 for EFW if a trial of external cephalic version/ trial of labour in breech presentation is to be considered-

9. Placental Review

If Unknown Placenta Praevia is found during a 3rd Trimester scan a second opinion should be sought and the consultant on call should be contacted before the patient leaves the department.

DO NOT SCAN

< 2 weekly intervals for growth

To repeat a scan at another hospital if written notes are available to document this

Insufficient clinical information on the card

Do not scan growth after 38 weeks (except if clinic patient on IUGR protocol) unless it is a Consultant Request.

10. Obtain a second opinion from a Sonographer in the following situations

Identification of NO FH. This must be confirmed by a sonographer or Obstetrician qualified to scan and documented on the report.

Suspicion of Placenta Praevia.

Absent or reversed EDF.

11. 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

12. Monitoring tool

Following Midwives qualification in performance 3rd trimester fetal surveillance ultrasound examinations, Midwife Sonographer Lead will perform quality assurance image review at 1st, 3rd and 6th month of their practice.

The newly qualified Midwives Sonographers will be working for the first 6 months at times when experience obstetric Sonographer is available for support.

References:

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

Produced in line with Protocol WHAT – RAD-002

CONTRIBUTION LIST

Key individuals involved in developing the document

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