

**STANDARD OPERATING PROCEDURE (SOP) FOR ULTRASOUND EXAMINATION IN THE EVENT OF SUSPECTED INTRAUTERINE DEATH (IUD)**

<b>Key Document code:</b>	WAHT-TP- 094	
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<b>Approved by:</b>	Maternity Governance Meeting	
<b>Date of Approval:</b>	19 <sup>th</sup> June 2020	
<b>Date of review:</b>	15 <sup>th</sup> November 2022	

**Key Amendments**

<b>Date</b>	<b>Amendments</b>	<b>Approved by</b>
19 <sup>th</sup> June 2020	New document approved	Maternity Governance Meeting

**DIAGNOSIS OF FETAL DEMISE/ INTRA-UTERINE FETAL DEMISE (IUD)**

The absence of a fetal heart beat on auscultation should always be confirmed by an ultra sound scan by an experienced obstetrician or obstetric sonographer.

**COMPETENCIES REQUIRED**

The grades of staff performing these scans are:

- Midwives
- Sonographers
- Obstetricians

All must have been trained and obtained a Certificate in Obstetric Ultrasound and are up to date with the scanning equipment.

Staff of any grade that have not had any formal ultrasound scanning training, have not scanned for >6 moths and are not familiar with the USS equipment, should not be performing these scans.

**PATHWAY FOR THE USS EXAMINATION FOLLOWING THE ABSENCE OF FETAL HEART BEAT ON AUSCULTATION:**

1. Consultant obstetrician on call with obstetric ultrasound qualifications
2. If Consultant on call not available, Registrar on call with obstetric USS qualifications
3. If Registrar not available Midwife sonographer, this includes any Midwives sonographers that hold obstetric scan qualification, including DAU scanning midwives, and obstetric sonographer.
4. Following the 1<sup>st</sup> USS examination, in the event of IUD diagnosis, 2<sup>nd</sup> USS examination, to confirm the findings, needs to be performed by another clinician, who holds qualification in obstetric scanning.

During ultrasound examination, a four chamber view of the fetal heart should be obtained and watched for 1 minute for cardiac pulsations. Colour flow mapping & pulse wave doppler can be useful in difficult cases especially obese women, or reduced liquor volume.

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.

Both examinations should be reported on the reporting CRIS system. In the event where the scanning clinician does not have access to CRIS reporting system, examination findings must be recorded in patient handheld notes and hospital notes, signed and dated.

The diagnosis should be explained to the couple by an experienced obstetrician in a sympathetic and supportive manner.

For further plan of care, please refer to the Bereavement SOP (WHAT-TP-094)