

OBSTETRICAL ULTRASOUND Limited Exam

If a patient is more than 18 weeks, it is acceptable to do the following **limited** exam if a full anatomical survey has been performed at either SRC, Salem Hospital, SH MFM or Salem Clinic:

Fetal Position

AFI

Placenta follow up

Cervical length:

Patients less than 18 weeks and has had a previous CRL or dating US exam may undergo a 'cervical length only' exam.

Patients between 18-28 weeks, the cervical length can be measured by TAS with a mostly or completely empty bladder; and if unable to see well enough proceed to EV.

Perform EV if referring clinician specifically requests it.

Nuchal cord:

In order to call a nuchal cord, the umbilical cord should have at least two loops around fetal neck and/or one loop near cervix. Cord Doppler should be done.

Additional documentation for **OB limited** exams includes fetal heart rate and AFV assessment (if abnormal measure AFI).

OBSTETRICAL ULTRASOUND Miscellaneous

AFI:

Document on all OB patients \geq 30 weeks.

Perform an AFI regardless of gestational age if fluid appears increased or decreased.

In preterm fetuses an AFI of 8 cm is mildly abnormal. An AFI $<$ 5 cm is abnormal and requires call to referring clinician.

In post term fetuses an AFI $<$ 5 cm is abnormal.

AFI does not need to be reported on **OB limited** exams unless abnormal.

UMBILICAL ARTERY DOPPLER:

Exam done when requested by referring clinician or IUGR (SGA) noted on FETAL GROWTH exam.

Evaluating the umbilical artery looks for utero-placental insufficiency.
Absent end diastolic flow or reverse diastolic flow are critical findings and require immediate call to referring clinician!

Take 3 measurements at differing locations along the floating portion of the cord without sampling close to either the fetus or placenta cord insertion.

Up to 28 weeks - less than 4.0 is normal
28 - 40 weeks - less than 3.0 is normal.

Check out perinatology.com to find Umbilical Artery Doppler Reference Ranges.