

# ANTENATAL ULTRASOUND FOR OBSTETRIC INDICATIONS: RECOMMENDED SCAN FREQUENCY GUIDELINE

Recommended optimal timing for: Nuchal scan = 12/40  
Anatomy scan = 19/40

CLINICAL INDICATION	REFINED SUGGESTED SCAN FREQUENCY
Cervical length (past history premature birth before 34 weeks or multiple cervical surgeries)	12/40 scan: cervical length +/- Nuchal assessment <ul style="list-style-type: none"> <li>If 3cm at 12/40 consider delay next scan to 19/40</li> <li>If &lt; 3 cm or very high risk, fortnightly from 14/40 to max 24/40 depending on previous history. Only weekly if documenting shortening and will change management</li> </ul>
Low-lying placenta	Identified at 19/40 scan $\leq$ 20 mm from internal cervical os Repeat at 32-34 weeks with distance from os reported <ul style="list-style-type: none"> <li>if greater than 20 mm – no need to repeat</li> <li>if <math>\leq</math> 20 mm – repeat at 37 weeks to determine mode of birth</li> </ul>
Placenta praevia	Identified at 19/40 scan Repeat growth scans at 28/40, 32/40, 36/40
Suspected placenta accreta/increta/percreta	Refer to Rachael McEwing or Rachel Belsham for detailed scan
Diabetes – all (Type 1, 2, gestational)	Anatomy and fetal echo at 19/40 together. If limited fetal cardiac visualisation then repeat echo at 22-23 weeks Growth, AFI & Doppler 4 weekly from 28/40, 32/40, 36/40 If growth rate is abnormal increase frequency to 2 weekly
Multiple pregnancy	Di/Di Anatomy scan 19/40, then 4 weekly growth scan from 24weeks. If growth abnormal repeat growth 2 weekly Mono/Di* All mono/di twins, growth and screening scan for TTTS fortnightly from 16 weeks or weekly if concerns Mono/Mono* 19/40, 22/40, 26/40 + 2 wkly from 28 wks * Offer consultation in Fetal Medicine when first diagnosed (Mono/Di or Mono/Mono)
Fetal renal dilatation	Diagnosed at 19/40 anatomy scan, with follow-up scan at 32 weeks <ul style="list-style-type: none"> <li>Antenatal: Only repeat again if severity will affect timing of delivery or on advice of FAAC</li> <li>Postnatal: imaging as per Renal Dilatation Protocol (Radiologist to advise on report)</li> </ul>

CLINICAL INDICATION	REFINED SUGGESTED SCAN FREQUENCY
Small for dates/ Reduced fetal movements	Growth, AFI and Doppler: <ul style="list-style-type: none"> <li>If normal – stop scanning</li> <li>If abnormal growth – scan as for demonstrated growth compromise</li> </ul>
Screening for IUGR (major risk factors: past history of IUGR, chronic hypertension, SLE, diabetes with vascular disease, antiphospholipid syndrome, low Papp A, pre-eclampsia)	Growth and Uterine Artery Doppler between 20 and 24 weeks: <ul style="list-style-type: none"> <li>If abnormal at 20 weeks repeat at 24 weeks (as per SGA guideline).</li> </ul> Growth, AFI and Doppler: <ul style="list-style-type: none"> <li>Low risk – 4 weekly from 28 weeks</li> <li>High risk (major risk factor for SGA) – 4 weekly from 24 weeks until 36 weeks and then 2 weekly from 36 weeks until delivery</li> </ul> Dopplers only performed at time of growth scan if growth abnormal or if clinical risk for SGA (as per Obstetric Doppler guideline) If abnormal growth revert to recommendation for 'demonstrated growth compromise'
Demonstrated growth compromise – by scan in index pregnancy (GROW is the tool for LMCs)	Growth, AFI and dopplers 2 to 3 weekly with Weekly AFI, Doppler + additional CTG monitoring
Pregnancy induced hypertension with/without proteinuria (PIH/Pre-eclampsia)	Hypertension alone: revert to recommendation for IUGR screening Proteinuric hypertension: growth, AFI and dopplers 2 to 3 weekly, and interval AFI and dopplers weekly.
Prolonged rupture membranes	Scan at diagnosis If around viability repeat 7-10 days later if it will affect counselling Otherwise as for IUGR screening – scans 4 weekly
Oligohydramnios	Mild oligo: AFI > 5 cm + normal growth – repeat growth scan in 2/52 Moderate to severe oligo: AFI ≤ 5 cm or abnormal growth, weekly AFI/Doppler and growth scan in 2 weeks + CTG monitoring
Antepartum haemorrhage – in second/third trimesters	Scan at diagnosis (may require TV scan as per CWH ultrasound protocol) then growth 4 weekly from 28 weeks

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