ULTRASOUND PROTOCOLS



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Second/Third Trimester OB Complete Ultrasound Protocol Guideline

Indication	Anatomic survey
Prep	Full Bladder. Have patient drink 32 oz water, finishing 60 minutes before scan time
Procedure	Maternal anatomy
	Longitudinal cervix with measurement
	 All patients should have cervical evaluation transabdominally. If indicated,
	transvaginal exam should be performed (e.g. evaluate for funneling, proximity to
	placenta).
	 Survey uterus / adnexae and document pathology (e.g. fibroids)
	Pregnancy related findings
	 Fetal number and viability (obtain fetal heart rate preferably using M-Mode)
	Fetal presentation
	Amniotic fluid index
	Placenta location and cord insertion site
	 Document edge of placenta in relation to the internal cervical os and take
	longitudinal and transverse images of the placenta. If there appears to be
	placenta previa and the bladder is full, add transvaginal ultrasound post-void to
	confirm placenta previa.
	 Placental parenchyma evaluation (e.g. abnormal thickness, echogenicity, lesions)
	 Fetal biometry for gestation age and fetal growth evaluation
	 BPD, HC, AC, FL, and humerus measurements
	 In multiple gestations, discordance (>20%) should be noted
	Fetal Anatomy
	 Intracranial anatomy – cranium, choroid plexus, lateral ventricle, cerebellum, cisterna
	magna, nuchal fold, midline falx, cavum septi pelucidi, thalami
	 Face – orbits, mouth, nasal bone, lip, chin, forehead
	 Spine – cross-sectional and longitudinal or coronal views of the cervical, thoracic lumbar,
	and sacral levels
	 Heart – 4 chamber heart view, cardiac size, position of heart in the thorax, outflow tracts
	 Diaphragm – document relationship to the heart and stomach in coronal view
	Evaluate lungs for lesions and pleural effusions