

# **OBSTETRICAL ULTRASOUND PROTOCOL UPDATES**

The following information was agreed on in our 4/28/2022 Ultrasound Protocol Review Meeting. Attending physicians present were Manjiri Dighe, Edith Cheng and Kimberly Ma. This information will replace any previous protocols. Full protocol updates to follow.

- When will we include Biometry for Follow Up Exams?
  - We will include Biometry after 3 weeks for any returning patient unless provider specifically states they do not want growth
  - It is the standard of care expectation at most institutions, and we need to be consistent across our own system.
  - Dr Cheng will convey this to the providers in our system.
  - Of note, a Limited OB Exam is a higher charge than Follow Up OB Exam, it does not save the patient from charges by leaving out growth. A Limited OB Exam costs about \$300 more. This can be relayed to the providers if they continue to push back on our policy.
  - OB Follow Up should be charged when Biometry is included.
  - OB Limited should be charged when no Biometry is included.
  - Please refer any providers with questions or complaints about this policy to Renee Betit Fitzgerald, Manjiri Dighe or Edith Chang for further discussion if needed.
  
- Agreed on length of time between Biometry exams-
  - Use 3 weeks unless otherwise stated.
  
- When “Growth” ordered but we have not seen them before, do we do a complete anatomy examination?
  - Yes, we will need to do a Basic or Detailed anatomy if we have never seen the patient before. This excludes other organizations in our system/partnership and for which our MFMs read exams. Exemptions apply to Springbrook, Seattle Children’s, Valley, Yakima, HMC.
  
- When doing a Basic Anatomy, what abnormal findings should result in the exam becoming a Detailed? All markers, or just Major Markers?
  - All fetal findings will result in it becoming a Detailed Anatomy Exam.
  - For Femur length, if it is <2 Standard Deviations, this will also need to be turned into a Detailed Exam with the addition of all long bones being measured and following the skeletal dysplasia protocol if indicated. (We will be working on having the Standard Deviations include in Viewpoint along with the percentages.)
  
- UA/AFI only exams – what else do we need
  - Nothing else but Position needed unless requested.

- OB Limited Protocol – What anatomy is required?
  - This code should start to be used less often, but it is fine to look at limited structures such as in cases for “Completion of anatomy.”
  - However, if it has been greater than 3 weeks since biometry has been done, we will do an OB Follow Up Exam with biometry unless it **specifically** says not to perform growth.
  - If there is any question about necessary anatomy, default to doing the anatomy required for the Follow up Exams.
  
- ER Fetal wellbeing cases (example being post car accident) – is it ok to do limited for abruption and heart rate etc if that is all that is asked for?
  - A protocol will be created and posted for this.
  - Exams of these nature should include the following basic assessments:
    - Full uterus and placenta evaluation for abruption or subchorionic hemorrhage
    - Fetal Heart Rate
    - Fetal Position
    - Amniotic Fluid assessment, AFI if after 24 weeks
    - Transverse image of head showing that the anatomy is grossly normal.
    - 4 Chamber Heart to document that it is grossly normal
    - Kidneys, transverse image for presence
    - Biometry- EFW is needed for care planning should delivery be necessary.
    - Any abnormalities seen should be included and documented as we otherwise would.
    - Additional anatomy can be assessed at a return visit and should be recommended in the report by the radiologist. This also applies for patients we have not seen before and for those who have yet to get their anatomy ultrasounds.
  
- We need to create formal a TTTS/TAPS evaluation protocol.
  - There will be a meeting on this in a week.
  
- Is it ok to do a BPP on just one twin if that is all that is asked for? Or must we do both?
  - Yes, doing a BPP on just one twin is fine.
  - Document fetal heart rate on the other twin.
  
- If doing a BPP on more multiples, do we give each fetus 30 minutes or a total of 30 minutes.
  - Each fetus gets 30 minutes of dedicated time. Best to complete one fetus and move on to the other to keep track of this time more accurately.

- Are Uterus/Adnexa/Ovary images needed on every exam?
  - No! Just needed on First Trimester and Anatomy.
  - Not needed on Follow up or Limited exams unless fibroids or ovarian cysts seen previously they should be imaged again. New incidental findings should also be imaged.
  
- For cervical evaluations, we no longer need to perform Valsalva or fundal pressure, however a few minutes should be spent imaging to give time to determine if the cervix is dynamic. Patients with a cerclage should never have fundal pressure or Valsalva done.
  
- For fetal sex, we will be turning on a field to show an option to hide the information from the report. Please use it for parents who do not want to know. This will take care of the issue with patients looking in EPIC and seeing it listed. The provider will also not be able to see this information. Until you see this box in Viewpoint, continue to tell them not to look at the report. The field currently says "Gender" which we realize is not correct but it can not be changed. That is why the Genitalia field was created so that we could be more accurate in our description, but it has caused too many problems with parents and providers seeing this info. When we do the update, the new Viewpoint version will more appropriately say Fetal Sex. For now we will just deal with Gender being an inaccurate term.
  
- There have been requests and accommodations for images not included in our protocols, especially for patients in OBIC. All Sonographers need to follow the same protocols. Additional images should not be routinely taken or asked for by Rads or MFM if they do not fall within our protocols. Any changes need to be approved by the group. Special circumstances will require additional images, but it should not become a routine.