

# EXAM OF FOCUS - FIRST TRIMESTER PROTOCOL

## FEBRUARY 2024

I admit this looks long a terrifying. It really isn't! If you want to skip the fluff and come back to it later there is a very condensed summary for you at the end! Here are a couple of additions and a bunch of FYIs.

### GENERAL INFO:

- First Trimester protocols are now separated into:
  - [EARLY FIRST TRIMESTER PROTOCOL](#) (<10w 6 d)
  - [FIRST TRIMESTER PROTOCOL](#) (11wks – 14w 6d)
  - [NUCHAL TRANSLUCENCY PROTOCOL](#) (11-14wks)
- Image lists have been added to the end of the protocol, and I made them even simpler. My first version of "simple" was still too complicated. I'm really good at overcomplicating things. I will highlight any new images in the image lists for quick reference
- Don't forget that we also have the protocol history section at the end of each protocol. This includes anything that was changed, the dates it went into effect.
- Always start off with the C9-2 probe for NT exams. It scans so much better, often even in large patients.

New image list example

History section example

### CHANGES/ADDITIONS:

#### FIRST TRIMESTER PROTOCOL & NUCHAL TRANSLUCENCY PROTOCOLS

- **Placenta Trans and Sag** images were added. We should be doing this already, but it wasn't actually listed. Do not comment on whether that is low lying or not, we will evaluate that at the anatomy study. If it is clearly a complete previa, that should be mentioned though, especially if the patient has had any bleeding.
- As you know, we are moving closer to doing the full First Trimester Detailed Anatomy studies for high-risk patients. To provide the best quality of care, we really should be looking at some of the things in all studies, especially those we can see without a lot of extra effort. If we are able to rule out anomalies in the first trimester more often than, then that is what we should be doing! Hope you agree.

With that in mind, we will now be adding these views to all 1<sup>st</sup> trimester cases over 11wks:

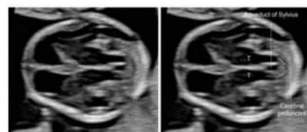
1. **3VC w color** around the bladder, you know the one
2. **Sagittal Midbrain** - 3 lines/spaces view showing the brainstem, IT/ 4<sup>th</sup> ventricle, and cisterna magna
3. Subjective assessment of the **nuchal translucency area**. We should be doing this do this already, so not really new.
4. **Transverse cine sweep of head** – This should capture the thalami, peduncles, third vent, posterior fossa, and aqueduct of Sylvius. Really try to show the box of the aqueduct if you are able!

Sagittal: thalami-midbrain, brainstem, 4<sup>th</sup> ventricle (intracranial lucency), and cisterna magna

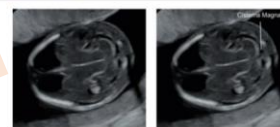


New 2D sag image

Transthalamic plane – thalami, cerebral peduncles, third ventricle and aqueduct of Sylvius



Posterior fossa



New transverse cine clip should capture these brain structures

*Quick reports will stay the same for now until we are consistent in getting these images and feel comfortable with them. It is not necessary to spend an unusual amount of time acquiring these images if the patient does not scan well or is on the early side. We will not be adding a transvaginal component if they are not well seen at this time.*

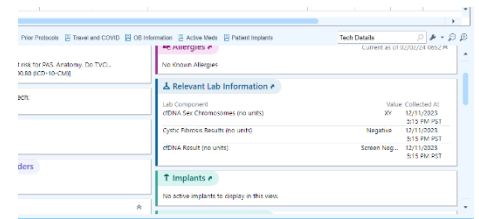
## CHANGES/ADDITIONS *continued*:

### EARLY FIRST TRIMESTER PROTOCOL

- No additions to the protocol
- Used “Embryo” instead of “Fetus” - SMFM/SRU definition of a fetus is 11 weeks and above, less than 11 weeks is considered an embryo. Proper terminology is becoming more important as the legal landscape continues to change around the nation.
- The “Transvaginal Images to Obtain” section was taken out since it was exactly the same and redundant. It now just says “Repeat all images listed above with transvaginal imaging” and when that applies.

### SECOND TRIMESTER ANATOMY STUDIES

- Doh! Our normal nasal bone size says greater than 5mm in the protocol. It was supposed to be 2.5mm. It has been changed.
- We have been asking the providers to give us more information on their U/S orders, including cfDNA and MSAFP results. It was pointed out that orders are often put in before results are available to list, so this is not actually a realistic request. Instead, the sonographer will start looking at the “Relevant Lab Info” tab in EPIC and include any prenatal lab information in the indication section in Viewpoint. We should know this information anyway **prior** to scanning in order to look more closely at things if labs are abnormal. I will create a prompt in the indication section of VP for you to list this info. If our lab was where the cfDNA was drawn, it shows up in the “Relevant Labs Tab.” If the labs were done elsewhere, you will need to look into the “Labs” or “Media” folder of their chart more closely. It might be worth looking in advance of the appointments if there is downtime in the preceding days. Results can be typed in the notes section of EPIC to reduce the amount of time looking for it after they check in. I’ll leave that workflow up to the different departments to figure out if it’s worth doing.



Lab Component	Value	Collected At
cfDNA Sex Chromosomes (no units)	XY	12/11/2023 2:15 PM PST
Cytotox. Placenta Results (no units)	Negative	12/11/2023 2:15 PM PST
cfDNA Result (no units)	Screen Neg.	12/11/2023 2:15 PM PST

## OTHER QUESTIONS ANSWERED AT RECENT PROTOCOL MEETING:

- **If there is a new finding on a FU and the anatomy was only a basic anatomy, should we add the detailed images we would have gotten?**
  - *Yes, always do the extra images for completeness of care, no matter the gestational age something is found. “See something, do something.” This should be done at the time of the exam and avoid recommending they return for it later. Extra views needed would be: Max/Mand, NB measured, Falx, Vermis, Lungs, AA, DA, IVC/SVC. If you are not able to get these views, just say “not well seen” and that will show that you tried. Still charge a FU.*

## SUMMARY:

- **Protocols were separated into Early 1<sup>st</sup> trimester, 1<sup>st</sup> trimester and NT**
- **Remember you can always refer to the new image lists and/or protocol history for quick glance at changes.**
- **Start NTs with the C9-2. It scans a lot crisper, often even when the patient is large.**
- **Additions to protocol:**
  - **NT & First Trimester protocol over 11wks - Placenta, 3VC, Sag midbrain, Trans clip of head showing brain anatomy and a subjective assessment of the NT area**
  - **Early First Trimester - nothing**
- **Second trimester cases: You need to start writing the prenatal lab results for second trimester cases in the indication. Look it up before you scan.**
- **Normal nasal bone in 2<sup>nd</sup> trimester is supposed to say >2.5mm not >5mm. I fixed it.**
- **If we do a follow up on a patient and see something, we need to get the rest of the detailed anatomy views.**