

# EMERGENT OB ULTRASOUND FETAL WELL-BEING PROTOCOL

UW Medicine

## BILLING CODES:

**UOBL** -For all fetal well-being assessments

**UOBF** -Only to be used if exam done to follow up or reevaluate not well seen on previous scan. If patient comes to ED with trauma, UOBL is appropriate charge to evaluate fetal well-being.

**PATIENT PREP:** No prep

***\*\*This exam will be a limited assessment for fetal well-being ONLY to be used in the setting of acute injury or trauma. Imaging of additional structures or anatomy will be recommended at a later date.***

**\*\*Requisitions should be read carefully to ensure the proper exam is performed.**

**\*\* See separate protocols for OB Basic and Detailed Anatomy, OB Follow Up, and OB Limited exams.**

**DATING:** As a routine, use the date provided by the clinician or patient's known LMP. Working EDD in EPIC should be used if more than one date is provided. Use AIUM and ACOG dating criteria if dating is unknown.

## MINIMUM VIEWS REQUIRED

### PLACENTA AND UTERUS:

- Evaluate fully for evidence of subchorionic hemorrhage or abruption.
- Location of placenta should be assessed in case delivery is necessary

### FETAL HEART RATE:

- M-mode sweep with fetal heart rate measured. Normal is 110 – 170 bpm

### FETAL POSITION:

- Document fetal position.

### AMNIOTIC FLUID VOLUME:

- Amniotic fluid volume evaluation before 24 weeks should be done subjectively.
- Calculate AFI after 24 weeks, or if appears abnormal before 24 weeks, using four quadrant measurements. Normal AFI is 8-20cm
- For multiple gestations (twins, triplets, etc) measure the MVP. If Mono/mono gestation, use four quadrant measurements.

### FETAL ANATOMY:

- **KIDNEYS** - Transverse image showing presence of kidneys.
- **HEART** - 4 chamber view of heart showing heart is grossly normal with cine clip preferred.
- **HEAD** -Transverse image showing that the head is grossly normal with cine clip preferred.

**FETAL BIOMETRY:** Measure each of the following at least two times:

1. BPD –measured on an axial plane that traverses the thalami, and cavum septum pellucidum.
2. HC – include in image with BPD.
3. AC - Transverse image through the upper abdomen at the level of the fetal stomach, umbilical vein and portal sinus.
4. Femur length

**INCIDENTAL FINDINGS:**

- 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. \*\*\***

**EMERGENT OB IMAGE LIST**

MINIMUM IMAGES REQUIRED	MODE
<b>GENERAL</b>	
Uterus <i>eval for hemorrhage or abruption</i>	2D
Placenta Sag - <i>check if low lying or previa</i>	2D
Placenta Trans	2D
FHR	M-mode
Presentation	2D
AFI >24wks	2D+
<b>BIOMETRY</b>	
BPD	2D+
HC	2D+
AC	2D+
FL	2D+
<b>ANATOMY</b>	
4CH <i>showing grossly normal</i>	2D
HEAD <i>showing grossly normal</i>	2D/Cine
KIDNEYS <i>showing grossly normal</i>	2D

**EMERGENT OB ULTRASOUND PROTOCOL**

	Date	Changes made	By whom
Created	5/1/2022	Discussed at 4/28/2022 Protocol meeting. Attendings present - Dighe, Cheng and Ma	Renee Betit Fitzgerald
Approved	5/5/2022		Manjiri Dighe
Added	4/17/2024	Added Image List Added Billing codes per Tatyana Ivanchuck Added Cine Clips for anatomy	Renee Betit Fitzgerald