

OBSTETRICAL ULTRASOUND LIMITED OB PROTOCOL

BILLING CODE: UOBL

THIS EXAM SHOULD BE USED FOR:

- Completion of anatomy studies
- Limited evaluations of placenta for location
- Limited evaluations for placenta accreta
- Limited anatomy evaluations
- Biometry is not required but may be included in an UOBL

PREP: No Prep

****If Biometry is requested or if it has been greater than 3 weeks since last biometry was done: Use Protocol for OB Follow UP. Growth will be done after 3 weeks unless it clearly states not to.**

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

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

DATING: Refer to dates used on previous ultrasound or Working EDD listed in EPIC.

MINIMUM VIEWS REQUIRED

FETAL POSITION:

- Document fetal position.

PLACENTAL LOCATION

- Location of placenta should be assessed for delivery planning

FETAL HEART RATE:

- Measure fetal heart rate M-Mode. Normal range is 110 – 170 bpm. If the fetal heart rate is above or below, refer to Urgent OB Contact List to contact charge nurse or L&D. If at outpatient clinics, contact the referring provider or on call OB staff for further instruction.

FETAL ANATOMY:

- Stomach
- Bladder
- 4 chamber view of heart

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.
- For multiple gestations (twins, triplets, etc) measure the MVP. If Mono/mono gestation, use four quadrant measurements.
- Fluid pockets measured should be greater than 1cm in width.

AFI LEVELS (FOUR QUADRANTS)

<5cm	Oligohydramnios
5-8 cm	Borderline Low
8-20cm	Normal
20-24cm	Borderline High
>24cm	Polyhydramnios

SINGLE MVP AMNIOTIC FLUID LEVELS

<2cm	Oligohydramnios
2-8cm	Normal
>8cm	Polyhydramnios

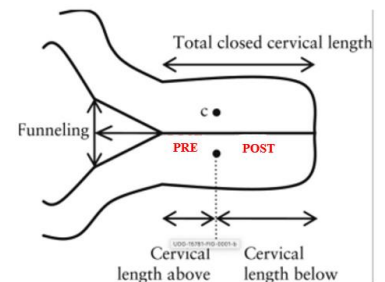
ADDITIONAL IMAGES OF MATERNAL STRUCTURES IF INDICATED:

**If abnormalities are seen, include additional 2D images, Cine sweeps, 3D imaging and Color doppler images as needed.*

ADNEXA & OVARIES – Evaluate bilaterally as indicated or if incidental findings seen.

CERVICAL LENGTH AND STATUS:

- To be measured on all pregnancies less than 24 weeks gestational age. Normal cervical length is greater than 3.0 cm before 24 weeks.
- For pregnancies less than 24 weeks, if the cervix appears shortened, funneled, or if a cervical length is specifically the requested, a transvaginal (or translabial) ultrasound should be performed and the following should be documented:
 - Total cervical length
 - Closed length of cervix
 - Open length if funneling is present (NOT funneling width). Greater than 50% open length of cervix is associated with higher risk of preterm delivery.
 - Document whether the cervix is dynamic. If dynamic, report shortest closed cervical length.
- Transvaginal ultrasound is not needed to evaluate the cervix after 24 weeks. If you find a short or dilated cervix transabdominally during an ultrasound exam, contact the referring provider and inform them of the findings. If the referring provider cannot be contacted, call the MICC triage nurse and send the patient to the MICC to be evaluated if at Montlake Campus.
- For cerclage evaluation: Take 2D images, as well as cine sweeps, of the cervix showing suture in transverse and sagittal. Measure the total cervical length AND closed cervical length from stitch to external os. Do not apply fundal pressure or Valsalva with patients that have a cerclage.



ADDITIONAL PLACENTA IMAGES IF INDICATED :

- Placental position in sagittal and transverse.
- Relation to the internal os. If there is a previa or low lying placenta take measurements of distance from inferior margin of placenta to the internal os.
- Show thickness and echo texture and comment if abnormal.
- Cord insertion into placenta showing location if previously noted to be marginal, central, eccentric or velamentous.
- If clinically indicated: placental masses, accessory or succenturiate lobes with location of connecting vascular supply to the primary placenta.
- Cine of any abnormality

PLACENTA ACCRETA ASSESSMENT: SEE SPECIALIZED PROTOCOL

LIMITED OB IMAGE LIST

MINIMUM IMAGES REQUIRED	MODE
GENERAL	
Placenta Sag - <i>check if low lying or previa</i>	2D
Placenta Trans	2D
FHR	M-mode
Presentation	2D
AFI >24wks	2D+
CVX <24wks	2D+
ANATOMY	
4CH	2D
STOMACH	2D
BLADDER	2D

LIMITED OB PROTOCOL HISTORY

	Date	Changes made	By whom
Created	5/1/2022		Renee Betit Fitzgerald
Added	10/25/2022	Placenta Accreta Protocol Checklist 1-10	Renee Betit Fitzgerald
Changed	5/5/2023	Cerclage image was incorrect. Pre and Post labels revised. Removed Placenta Accreta section – see specialized protocol	OB Protocol meeting 4/27/23 Dighe, Cheng, Ma, Hitti, Shaun, Renee, Dalene
Added	4/17/2024	Image Lists	Renee Betit Fitzgerald