

EMERGENT FETAL WELL-BEING OBSTETRICAL ULTRASOUND PROTOCOL

BILLING CODES:

UOBL (76815) if patient has not been seen for US in UW system

UOBF (76816) if patient has been seen for US in UW system

PATIENT PREP: No prep

DESCRIPTION: *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.*

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. Guidelines for redating based on ultrasound can be found [here](#)

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:

- 20-24 weeks: AFI evaluation should be done using MVP. If abnormal, obtain a four quadrant AFI.
- After 24 weeks, or if appears abnormal before 24 weeks: Evaluation should be done using a four quadrant AFI
- For multiple gestations (twins, triplets, etc): Always measure the MVP unless Mono/mono gestation, then use four quadrant measurements.
- Fluid pockets measured should be greater than 1cm in width.

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

FETAL ANATOMY:

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

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 reading physician.. 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
GENERAL	
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 (MVP for 20-24wks, 4 quad >24wks)	2D+
BIOMETRY	
BPD	2D+
HC	2D+
AC	2D+
FL	2D+
ANATOMY	
4CH <i>showing grossly normal</i>	2D
HEAD <i>showing grossly normal</i>	2D/Cine
KIDNEYS <i>showing grossly normal</i>	2D
Incidental findings	

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
Added	1/23/2025	Added AFI MVP for 20-24wks, do 4 quad if abnormal.	Combined Protocol Meeting:1/23/25 E Cheng, M Dighe, K Ma, M Richley, S Swati, C Cheng, S Bornemeier, B Marion, R Betit Fitzgerald, P Thompson