



ULTRASOUND SCANNING IN PREGNANCY

What is Ultrasound Scanning

Ultrasound scanning is a procedure that uses sound waves to create pictures of the uterus, ovaries, placenta and fetus. There is no exposure to radiation. Early pregnancy scans are done using a vaginal transducer covered with a clean, disposable sheath. There is no risk of harm to the pregnancy using this technique. Scanning later in the pregnancy is done with a large transducer, which is placed on your abdomen.

Ultrasound Scanning May Be Used

- To make sure the baby is developing in the uterus and not inside a fallopian tube (ectopic pregnancy)
- To determine how far along you are in your pregnancy (due date)
- To see how many babies are in the uterus
- To make sure the baby is growing normally or estimate the weight of the baby
- To check the position of the baby and the placenta
- To check the amount of fluid around the baby
- To look for fetal movement and breathing
- To evaluate the baby for anomalies/abnormalities

Ultrasound scanning **cannot** detect all birth defects or anomalies. A normal ultrasound does **not** assure the absence of birth defects or abnormalities. If you are at high risk for having a baby with a congenital anomaly, you may be referred to a perinatologist (high risk pregnancy doctor) for a Level II ultrasound.

When is Ultrasound Scanning Used in Pregnancy

Not all pregnancies require routine ultrasound exams per the American College of Obstetrics and Gynecology (ACOG). Nonetheless, most women will generally have at least two ultrasounds. The first one is at approximately 12 weeks and evaluates for congenital abnormalities. The second one is between 18-22 weeks. This exam evaluates the baby's anatomy. Any additional ultrasounds are based on medical necessity as determined by your doctor. NO insurance company covers ultrasounds to determine the baby's gender or "just to look and make sure everything is ok".

I understand the indications for ultrasounds in pregnancy. I also understand the limitations of ultrasound screening during my pregnancy and wish to continue with the test(s).

Patient/Legal Guardian Name and Relationship

Patient/Legal Guardian Signature

_____/_____/_____
Date

Patient ID#