

PROTOCOL FOR DATING SCANS

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

A dating scan is performed during the first trimester of pregnancy in order to determine the Estimated Date of Delivery (EDD).

The EDD is then used to plan the management of the pregnancy.

Multiple pregnancies are usually identified at this scan.

Undertaking of Combine screening test is also recommended by FASP during the 1st trimester scan, if requested by the Patient.

THIS PROTOCOL IS TO BE USED BY THE FOLLOWING STAFF:

Sonographers, Midwife Sonographers and obstetricians holding a Certificate in Obstetric Ultrasound.

Lead Clinician(s)

Dr Catherine Hillman-Cooper
Dr Anna Fabre-Grey

Consultant Obstetrician
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Clinicians who were involved in this guideline amendment:

A. Morrison E Davis C Stabler	Midwife Sonographer Lead Sonographer Lead Screening Lead
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Approval Date – 20th January 2023

Review Date – 20th January 2026

This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendment	By:
24/06/2010	Extended version approved by representatives of the Obstetric Guidelines Group	Mrs J A Barratt
15.06.2012	Minor amendments made according to the latest National Guideline Approved at Obstetric Governance Committee	Mr S. Agwu Mrs A. Morrison
04/11/14	Guideline reviewed and no amendments required as it is in line with the latest National Guidelines (FASP UK NSC "Model of best practice" 2011-2014)	A. Morrison C. Stabler R. Duckett
25/01/16	Guideline review and amendments made to "twice on couch" event if difficulties in obtaining nuchal translucency measurement (NT) in line with FASP updated programme handbook June 2015	R. Duckett A. Morrison C.Stabler
24/5/16	DNA policy reference included	A Morrison C Stabler
27/02/2019	Guideline reviewed and approved.	A Morrison C Stabler
04/01/2023	Reviewed and updated in line with national guidelines	A Morrison C Stabler

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COMPETENCIES REQUIRED

The minimum standard for sonographers, scanning midwives, radiologists and obstetricians is a Certificate in Obstetric Ultrasound. If performing NT's appropriate DQASS certification is required.

PATIENTS COVERED

Women in the first trimester of their pregnancy

Occasionally a patient may present later in their pregnancy not having had a scan to date.

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These should be performed between 10 and 14⁺¹ weeks gestation, or 11⁺² – 14⁺¹ if patient requesting screening. The CRL should be within the parameters of 45 -84mm for NT to be performed.

The following should be recorded within Badgernet pregnancy-electronic notes

- Intra- or extra- uterine sac/s
- Number of fetuses present.
If twins – note chorionicity, store image on PACS to confirm chorionicity. If uncertain, obtain second opinion from sonographer or Multiple pregnancies clinic, early to assess chorionicity.
- Fetal heart and Fetal movements
- Any pathology noted, needs to be reported
- If scanned other than by an experienced sonographer, a second opinion can be sought for any pathology.
- Measurements:

Crown Rump Length (CRL) up to 14⁺¹ weeks (84mm)

Head circumference (HC)/Femur length (FL) from 14⁺² weeks

Nuchal Translucency (NT) measurement from 11⁺² weeks (45mm) – 14⁺¹ weeks (84mm), if patient requests Combine screening. (refer to Down's Syndrome screening policy WHAT-OBS-109)

In the event where screening is accepted but it is not possible to obtain the NT measurement at the 1st appointment, one other attempt should be offered (this may be on this same day or at later date). If the CRL measurements is less than 45 mm at the 1st scan appointment, a re call appointment should

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be given for a further scan to measure NT. If it is not possible to obtain an accurate NT measurement despite "twice on the couch", the women should be referred in to second trimester screening pathway (refer to protocol for Down's Syndrome Screening WHAT-OBS-109)

Anomalies

Anomaly discovered during dating scan refer to screening team for further assessment to be arranged either FM in WRH or FM in Birmingham Womens Hospital.

Pregnancy Loss

Refer to protocol for viability scans.

Record keeping

All scan results will be carefully documented and archived.

- Ultrasound clinical information system – CRIS
- Ultrasound requests/reports/images storage (PACS)
- Electronic pregnancy notes Badgernet

DNA

In the event of a DNA please refer to the local maternity DNA policy - Follow up of women who fail to attend their appointment for antenatal care.

MONITORING TOOL

Images (CRL and NT) to be audited locally 3 monthly.

Downs Syndrome Screening Quality Assurance Support Service (DQASS) to audit the sonographers performance and quality assurance for NT measurements. This is done 6 monthly by direct data collection from the laboratories and audited by DQASS individually, then the outcome is reported back to the SS 21 lead for each area.

REFERENCES

FASP UK NSC policy recommendations 2011-2014 "Model of best practice"

BMUS August 2011; vol.19 no 154 -15

NICE Antenatal care pathway – Nov 2011, updated April 2012

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