

Referral for Obstetrical Ultrasound	Referral Guide: Page 1 of 2	Women's Care
<p>Diagnosis/Definition:</p> <p>Obstetrical ultrasound is indicated for evaluation of pregnancies with the following concerns:</p> <p>Suspected ectopic gestation, possible hydatidiform mole; pregnancy with IUD present; adjunct to cervical cerlage; bleeding during pregnancy; suspected fetal demise; evaluation of size/dates discrepancy; suspected multiple gestation; fetal growth evaluation in multiple gestations; suspected oligohydramnios; suspected polyhydramnios; suspected fetal growth restriction; previous history of congenital or genetic disorder; evaluation of abnormal maternal serum AFP/Triple screen; reevaluation of abnormal or suspected abnormal fetal findings; reevaluation of abnormal placental implantation; medical condition complicating pregnancy, i.e., diabetes, hypertension, renal disease, pulmonary disease, heart disease; suspected or known uterine anomaly; pelvic mass; confirmation of gestational age for patients scheduled for elective delivery/repeat Caesarean section; abnormal presentation > 36 weeks and late prenatal care.</p>		
<p>Initial Diagnosis and Management:</p> <p>Confirmation of pregnancy; UCG or, if indicated, serum quantitative HCG. Examination. Confirmation of fetal heart tones if clinically applicable. Serum AFP/Triple Screen.</p>		
<p>Ongoing Management and Objectives:</p> <p>Sonographic evaluation of pregnancy. If clinical presentation or suspicion clarified and/or rectified, patient will return to referral physician/clinic for ongoing obstetrical care. If indicated, patient will be referred to Women's Care Clinic for further evaluation and care.</p>		
<p>Indications for Specialty Care Referral:</p> <p>Gynecology</p> <ul style="list-style-type: none"> -Ectopic pregnancy -Hydatidiform mole/gestational trophoblastic disease -Blighted ovum (anembryonic pregnancy) or missed Ab -Fetal demise <18 weeks -Pelvic mass <p>Obstetrics</p> <ul style="list-style-type: none"> -Cervical cerlage -Multiple gestation -Intrauterine growth restriction -Oligohydramnios -Polyhydramnios -Congenital or genetic disorder -Medical condition complicating pregnancy, i.e., diabetes, hypertension, renal disease, pulmonary disease, heart disease -Uterine anomaly posing risk during current pregnancy -Evaluation and scheduling for repeat Cesarean section -Abnormal presentation >36 weeks 		

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.

