## Referral for Obstetrical Ultrasound

### Diagnosis/Definition:

Obstetrical ultrasound is indicated for evaluation of pregnancies with the following concerns:

- 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 placentation 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.

### Initial Diagnosis and Management:

- Confirmation of pregnancy; UCG or, if indicated, serum quantitative HCG.
- Examination.
- Confirmation of fetal heart tones if clinically applicable.
- Serum AFP/Triple Screen.

### Ongoing Management and Objectives:

- 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.

### Indications for Specialty Care Referral:

- **Gynecology**
  - Ectopic pregnancy
  - Hydatidiform mole/gestational trophoblastic disease
  - Blighted ovum (anembryonic pregnancy) or missed Ab
  - Fetal demise <18 weeks
  - Pelvic mass

- **Obstetrics**
  - 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

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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.
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### Test(s) to Prepare for Consult:
- Confirmation of pregnancy: UCG or, if indicated, serum quantitative HCG
- Examination: Confirmation of fetal heart tones if clinically applicable
- Serum AFP/Triple Screen – Antinatal laboratory

### Test(s) Consultant May Need To Do:
- Obstetrical/gynecologic ultrasound

### Criteria for Return to Primary Care:
If clinical presentation or suspicion clarified and/or rectified, patient will return to referral physician/clinic for ongoing obstetrical care. Otherwise patient will be referred to Women’s Care Clinic for further evaluation and treatment.

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### Revision History: Created  |  Revised

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