POLICY STATEMENT* OBSTETRIC/GYNAECOLOGIC ULTRASOUND

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This document has been reviewed and approved by the Diagnostic Imaging Committee of the Society of Obstetricians and Gynaecologists of Canada and was approved by its Council.

OBSTETRICS

Based on current obstetrical literature, a second trimester (16–20 weeks) complete ultrasound examination should be **offered** to all pregnant women. It is acceptable to perform a limited scan if the patient has had a previous complete scan, refuses a complete scan or if a complete scan is scheduled for a future date. The specific indication in the following list will dictate the type of scan (complete, limited, comprehensive) that will be peformed (See SOGC Policy Statement "Suggested Terminology and Expectations for Ultrasound Examination Used in Obstetrics").

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Suspected pregnancy	Not indicated	Pregnancy test more appropriate
Suspected ectopic pregnancy	Indicated	Correlation of the ultrasound findings with the results of a qualitative/quantitative pregnancy test is usually necessary. Endovaginal ultrasound is more sensitive than the transabdominal method. Patients who are at increased risk for ectopic pregnancy but in whom there are no obvious clinical signs and symptoms may still benefit from sonography.
Threatened abortion	Indicated to confirm fetal life	A repeat ultrasound examination is NOT indicated once fetal life is established.
Early pregnancy—for dating	Not indicated if LMP is secure	May be indicated when dates are uncertain or uterine size does not correlate with dates. In these instances the optimal time is 8 to 12 weeks gestation
Vaginal bleeding in pregnancy in second and third trimester	Indicated	Placental localization by transabdominal, endovaginal, or translabial routes is indicated.
Abnormal maternal serum screen for aneuploidy	Indicated	Sonography should be performed as soon as possible after the abnormal results are received.

Maternal disorders affecting fetal well-being including (but not limited to) diabetes, isoimmunization, hypertension, connective tissue disease Grave's disease, thyroiditis, hypothyroidism, hyperparathyroidism, phenylketonuria, Cushing syndrome, seizure disorder, myasthaenia gravis, heart disease, renal disease, polycystic kidneys, anaemia, thalassaemia, haemophilia	Indicated	Monitoring of the biophysical profile will often be necessary in the third trimester.
Suspected fetal growth abnormalities	Indicated	Suspicion of IUGR or macrosomia or alterations of fluid volume
Patients at increased risk for congenital anomalies based on family history or previous fetal anomaly, chromosomal abnormality, exposure to teratogens or infectious disease	Indicated	Timing of the scan depends on the specific risk factor. Some inheritable anomalies (e.g. chondrodysplasia) may not be evident until later in pregnancy
Fetal sex determination	Usually not Indicated	May be indicated in patients with inheritable sex linked disorders (This does not mean that the fetal genitalia are not examined routinely, but rather that fetal sex determination is NOT an indication for sonography).
Suspected incompetent cervix	Indicated	Useful in diagnosis. Sonography may also be indicated prior to cerclage to ensure that the membranes are not protruding at that time.
Suspected molar pregnancy	Indicated	
Post-dates pregnancy	Indicated	Assessment of fetal well-being at 41 weeks and beyond
Decreased or absent fetal movement	Indicated	Assessment of fetal well-being
Determination of fetal presentation	Indicated when clinical findings are indeterminate	Beyond 36 weeks gestation or in preterm labour
Adjunct to amniocentesis or other invasive procedure	Indicated	
Suspected uterine anomaly in pregnancy	Indicated	
Intra-uterine contraceptive device localization	Indicated (in pregnant and non-pregnant patients)	
Suspected oligohydramnios or hydramnios	Indicated	
Evaluation of late registrants with no prenatal care	Indicated	
Abdominal / pelvic pain in pregnancy	Indicated	
Mass associated with pregnancy	Indicated	
Post-partum mass, haemorrhage, infection or abscess	Indicated	

GYNAECOLOGY		
Suspected pelvic mass	Indicated	
Pelvic pain	Not indicated routinely	In absence of clinical findings, ultrasound rarely gives diagnostic information
Suspected tubo-ovarian abscess	Indicated	Negative result does not rule out infection
Ovarian follicle monitoring	Indicated	With ovarian stimulation protocols
Infertility	Not indicated	
Dyspareunia	Not indicated	
Patients at increased risk for carcinoma of the ovary	Indicated	Endovaginal and transvesical studies are usually performed.
Patients with elevated Ca 125 levels	Indicated	Endovaginal and transvesical studies are usually performed
Menorrhagia / metrorrhagia	Indicated	
Vaginal bleeding (post-menopausal patient)	Indicated	Adjunct to endometrial biopsy