

Fetal Sex Determination and Disclosure

This policy statement has been reviewed by the Clinical Practice Obstetrics Committee and approved by the Executive of the Society of Obstetricians and Gynaecologists of Canada

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In Canada, diagnostic ultrasound units are inconsistent in their policies on determination and disclosure of fetal sex to the pregnant woman.

Review of the fetal perineum, including sex determination, is considered part of the complete obstetric ultrasound¹; however, if no abnormalities are seen but determination is inconclusive, the examination should not be prolonged or repeated solely to determine fetal sex.

The Supreme Court of Canada (McInerney v. MacDonald 1992) concluded that a patient is entitled to examine and copy from his or her medical record all information the physician considered in administering advice or treatment.² The physician must justify denying access to that record on the basis that doing so would not be in the patient's best interest. On the basis of this ruling, it is legally difficult to defend nondisclosure. Disclosure of fetal sex upon request respects a woman's rightful autonomy over personal health information.

Key Words: Ultrasound, fetal, sex, development

Those who oppose fetal sex determination and disclosure have concerns about risk for error, the time involved in making a determination of fetal sex, and that the information may lead women to abort pregnancies when the fetus is not the wanted sex. The risk for error is estimated to be less than 3%, but prospective parents should be made aware of this possibility with disclosure.³ There is no evidence that fetal sex determination during a complete obstetric ultrasound will extend the examination time.³ A small number of pregnant women may consider abortion when the fetus is the unwanted sex; however, this is best addressed by the health professionals who are providing care for these women.

Diagnostic imaging units that prefer to maintain a policy of nondisclosure of fetal sex should include the information in their reports. This would allow the referring physicians or midwives to disclose the fetal sex at their patients' request. In summary, SOGC recommends that fetal genitalia be examined as a part of the routine second trimester obstetric ultrasound and that this examination not be prolonged or repeated if no abnormalities are seen but sex determination is inconclusive. If fetal sex has been determined, a patient's request for disclosure should be respected, either directly or in a report to the referring health professional.

REFERENCES

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