

Guidelines for Ultrasound in Labour and Delivery

*This document has been produced and approved by the Diagnostic Imaging Committee
and Council of the Society of Obstetricians and Gynaecologists of Canada*

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INTRODUCTION

Ultrasound examinations in labour and delivery are provided as an emergency service with 24 hour availability to assist with *immediate* obstetrical management decisions. Such examinations are complementary to, and do not replace or supersede, service provided in an accredited ultrasound facility by a sonologist. The value of immediately available ultrasound mandates regional and tertiary obstetric facilities to be equipped with an ultrasound scanner. Obstetricians should develop proficiency in doing limited ultrasound examinations in emergency situations on the labour floor.

Physicians providing such an ultrasound examination should inform patients of its limited nature.

This document does not preclude the need for occasional emergency ultrasound in rural settings. Individuals providing such examinations should be aware of the risk of error associated with inexperience and infrequent use.

SCOPE OF PRACTICE

For the purpose of this document, limited obstetric ultrasound examination may include any or all of;

1. Fetal number, presentation, and position;
2. Confirmation of fetal life or death;
3. Amniotic fluid assessment;
4. Placental assessment (location, identification of placenta previa, major abruption);
5. Biophysical profile.

CERTIFICATION AND APPROVAL

Specialists in obstetrics and gynaecology are qualified to perform limited ultrasound examinations independently in the labour and delivery setting if they:

1. have completed a training program that included obstetric scanning with "hands on" experience
– OR –
2. their active practice includes the use of ultrasound and they have been assessed as competent by a qualified obstetric sonologist.*

These guidelines reflect emerging clinical and scientific advances as of the date issued and are subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level. None of the contents may be reproduced in any form without prior written permission of SOGC.

Both the training program and competency assessment may be conducted within the local facility.

EQUIPMENT

Equipment used must meet the standards of the Canadian Association of Radiologists (CAR) or the American Institute of Ultrasound in Medicine (AIUM) and licensing requirements of the Medical Devices and Consumer and Clinical Radiation Protection Bureau of Health Canada.

All ultrasound scanners should have a regular preventative maintenance program and should be available on a 24 hour basis.

DOCUMENTATION

The following should be recorded on the patient's chart:

- indication for the examination
- findings and interpretation
- recommendations
- name of obstetrician or other MD performing the examination

* A qualified obstetric sonologist is a physician who provides and interprets ultrasound and is certified by the Royal College of Physicians and Surgeons of Canada in either obstetrics and gynaecology or diagnostic imaging. The recommended standards for an obstetric sonologist include six months of training in ultrasonography and additional postgraduate training in obstetrics and gynaecology in a teaching program accredited by the Royal College of Physicians and Surgeons of Canada.

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