

**SCANNING IN EARLY PREGNANCY- INDICATIONS –
 SUMMARY CLINICAL GUIDELINE**

Reference No.: Gynae/07:17/S1

Ultrasound in the early stages of pregnancy (up to 10 weeks of gestation) is important and necessary for many clinical reasons in the management of early pregnancy. Clinical reasons can include; caring for women after assisted conception including IVF, those where miscarriage is feared and those in whom ectopic pregnancy is suspected.

During the first 10 weeks of pregnancy the fetus is most vulnerable because it is extremely small, the cells are dividing quickly and the placenta is not attached so there is limited blood flow. Ultrasound for reasons other than those stated above are therefore not recommended.

Process for Scanning in Early Pregnancy

Requesting a Scan

Prior to the scan, all patients should have their pregnancy confirmed by a positive urinary pregnancy test.

Request forms will be accepted from Doctors (GP or hospital Doctor), the designated nurse in GAU and Primary Care midwives; provided that the patient has been examined and all history and patient details (including LMP, previous pregnancy problems etc) are written on the form. Any forms not correctly filled in will be sent back. ICM requests are also acceptable.

Scanning before 8 weeks may be indicated in the following cases

- Women with abdominal pain and/or vaginal bleeding with one or more risk factors for ectopic pregnancy:
 - previous ectopic
 - previous tubal surgery
 - conceived with intrauterine contraceptive device or on progesterone only pill
 - history of pelvic inflammatory disease
 - assisted reproduction

A repeat scan sooner than 1 week should be negotiable if the initial BHCG was above 1500iu and the initial scan was inconclusive, especially with rising subsequent repeat BHCG level in 48 hours; as this can provide valuable information to help further management.

- Women with abdominal pain and/or vaginal bleeding with clinical suspicion of ectopic pregnancy
- Women with history of recurrent miscarriages who are likely to need medication otherwise after 8 weeks is appropriate

Patients referred for scanning in early pregnancy who are found to have an empty uterus will be referred to the Gynaecology Assessment Unit (GAU) for clinical review and further investigation as appropriate.

Scanning before 8 weeks' gestation is not indicated in the following patients

- Women with light painless bleeding (with a closed os) without above risk factors for ectopic pregnancy.
- Women who have had a vaginal examination, in whom the internal cervical os is open, since the miscarriage is probably inevitable.

- Women with initial scan for viability suggesting an early gestation sac (i.e. earlier than dates) the rescan for viability should not be booked before 8 weeks by scan.
- Women with hyperemesis gravidarum

Rescans

Scans that are performed after a diagnosis has been made are grouped under 'Rescans'

Rescans for reassurance

- Patients who have repeated bleeding in early pregnancy should not have repeated scan (unless the clinical picture changes significantly).
- An initial viability scan at 8 weeks and then 1st Trimester Screening Scan should ensure there is an ongoing pregnancy at the end of the first trimester.
- Subsequently the fetal heart may be auscultated after.
- Dating scan for reassurance.

Repeat Scans may be indicated in following cases

- Persistent bleeding in women with previous scan showing haematoma with live IUP
- Post evacuation (medical/surgical / spontaneous) with persistent bleeding

Scans after 10 weeks

- If a scan is required try to delay until the 1st Trimester Screening Scan (if this is within 7 days) unless there is a high chance of fetal demise or miscarriage

Dating Scans

- Routine dating scans are performed in the obstetric scan department in this hospital, not in FEPS (fertility and early pregnancy scans) department (see dating scan guideline)
- Women wishing termination of pregnancy should be referred to Pregnancy Advisory Clinic where a scan will be performed

Retained Products

- **Following Miscarriage**
Continued bleeding following miscarriage will normally resolve without intervention. It is probably not helpful to scan less than one week after miscarriage.
- **Following Medical management for failed pregnancy (or termination of pregnancy – see medical management of T.O.P. protocol)**

Rescan may be requested if urinary pregnancy test still positive after 3 weeks or patient has persistent vaginal bleeding.

- **Following expectant management for failed pregnancy**
Rescan only required if any doubt if Products of conception have been passed, or persistent bleeding following miscarriage