

When to refer for scan

To be used in conjunction with GAP guidance: Assessment of fetal growth and management of SGA pregnancies

GAP SCANS

GAP scans will start from 28 weeks and be performed at 4 weekly intervals (28, 32, 36 & 40 weeks).

Scans starting before this will be at the request of a Consultant.

Uterine Artery Doppler's will be carried out at FAS on high risk patients. If the uterine artery PI > 95th centile a 24 week growth scan will be booked by the Sonographer.

If the AC < 10th centile on the patient's biometric chart at FAS a 24 week growth scan will be booked by the Sonographer.

Patients following GAP should **NOT** have FHs taken and scans should be requested from 28 weeks when the following criteria is met:

- Previous SGA- baby <10th centile at birth (always check centile on Growchart).
- Previous still birth.
- Previous IUD.
- Maternal age is ≥40 at booking.
- Maternal age is <16 at booking.
- BMI >35.

- BMI <17.
- Smoking status >11 cigarettes per day.
- Drug misuse in current pregnancy- previous use of drugs should not be referred for scan.
- AC <10th centile at FAS.
- Late booker >24weeks.
- Previous preterm delivery <36 weeks only if birthweight <10th centile.
- Hypertension in a previous/current pregnancy.
- Diagnosed cholestasis.
- Hyperthyroidism.
- Diabetes.
- Chronic kidney disease.
- Autoimmune disease.
- Heart disease.
- Low PAPP-A <0.415MOM.
- Echogenic bowel.
- Significant bleeding, recurrent APH.
- Beta blockers.
- Previous placental abruptions will be scanned at the request of the patient's Consultant, they will determine when the scans start and how often the patient will be scanned.

- SFH's should **NOT** be taken any less than 2-3 weeks apart.

- Previous large babies do not require GAP scans.
- ALL information should be clearly stated on the referral. The more information the Sonographer has the easier it is to vet.

Outwith GAP

- Presentation scans should only be requested following palpation:
primis from 36 weeks gestation
Parous from 37 weeks gestation, no earlier.
- Suspected polyhydramnios/oligohydramnios.
- Transfer of care – there is no need to refer for scan if the patient has documentation of placental site.
- If you are in any doubt whether or not to refer, please do not hesitate to call the scan department where we will be happy to discuss referrals with you.

INTERPRETATION OF GROWCHART AND WHEN TO REFER FOR SCAN

Referral to Ultrasound.

Indications for a growth scan when assessing the Growchart are:

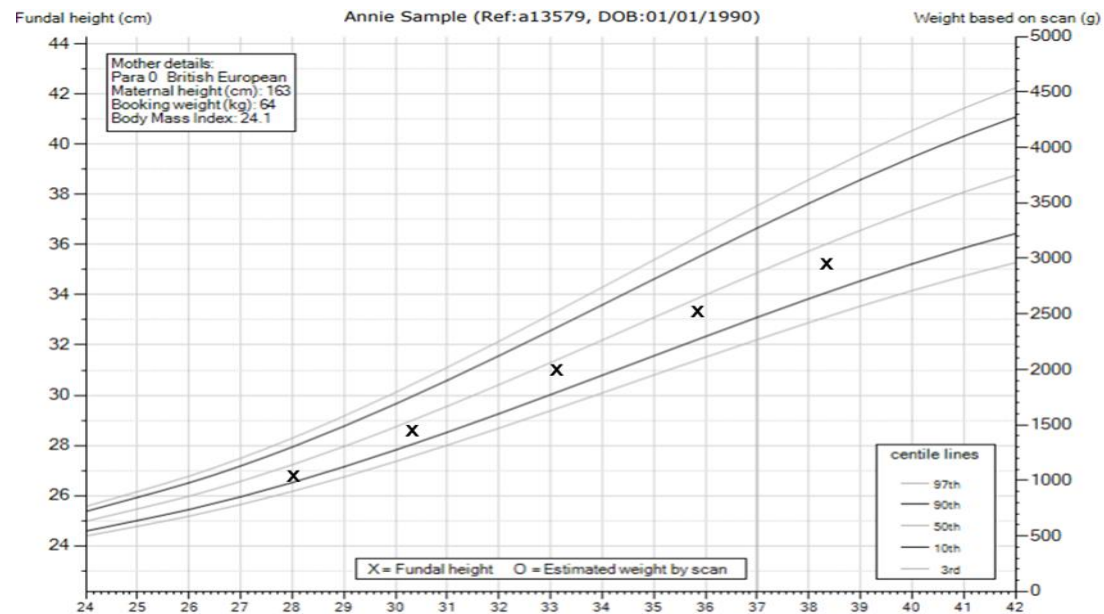
- First FH measurement below 10th centile at 26-28 weeks.
- Static growth: no increase in sequential measurements.
- Slow growth: curve not following slope of any curve on the chart.
- Excessive growth: curve steeper than any curve on the chart.
- 2 FH measurements $>97^{\text{th}}$ centile.

NORMAL GROWTH

This is normal growth.

The plot of serial SFH measurements here shows that the growth rate is normal.

A growth scan is not required.



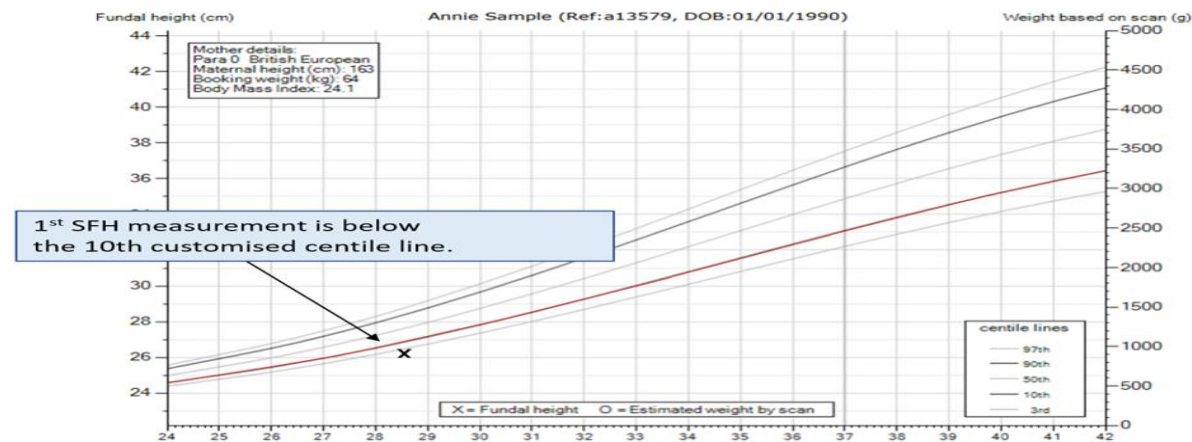
1ST SFH BELOW 10TH CENTILE

1st SFH measurement below the 10th centile MAY be an indication of SGA.

Referral for an ultrasound scan should be made to determine the EFW. This should be plotted on the Growchart where further management will be sought if indicated.

The lady should be told the SFH measurement is an assessment of the uterus and its contents, while the ultrasound scan will be able to estimate the baby's weight.

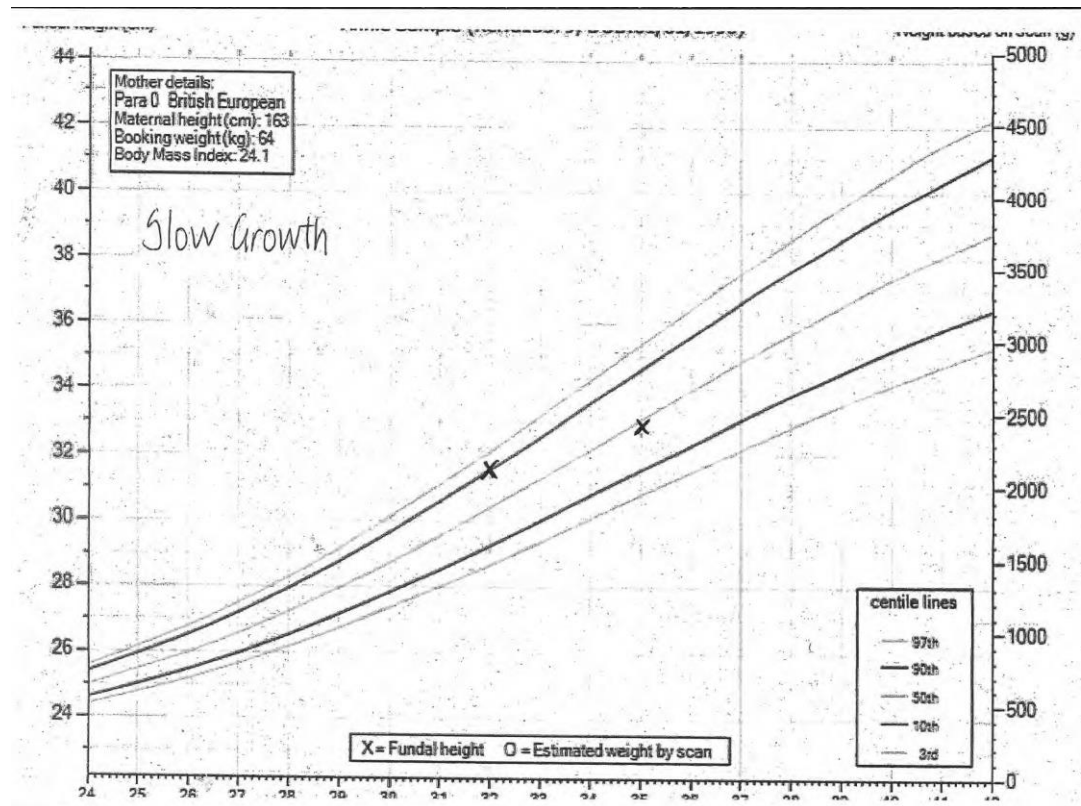
Plan routine AN follow up care on the assumption of the growth USS being normal. Remember if the fetal growth is normal and the SFH continues to plot below the 10th but growth trajectory is normal no need for further growth scan.



SLOW GROWTH – SFH

This is an example of SLOW GROWTH from SFH measurement.

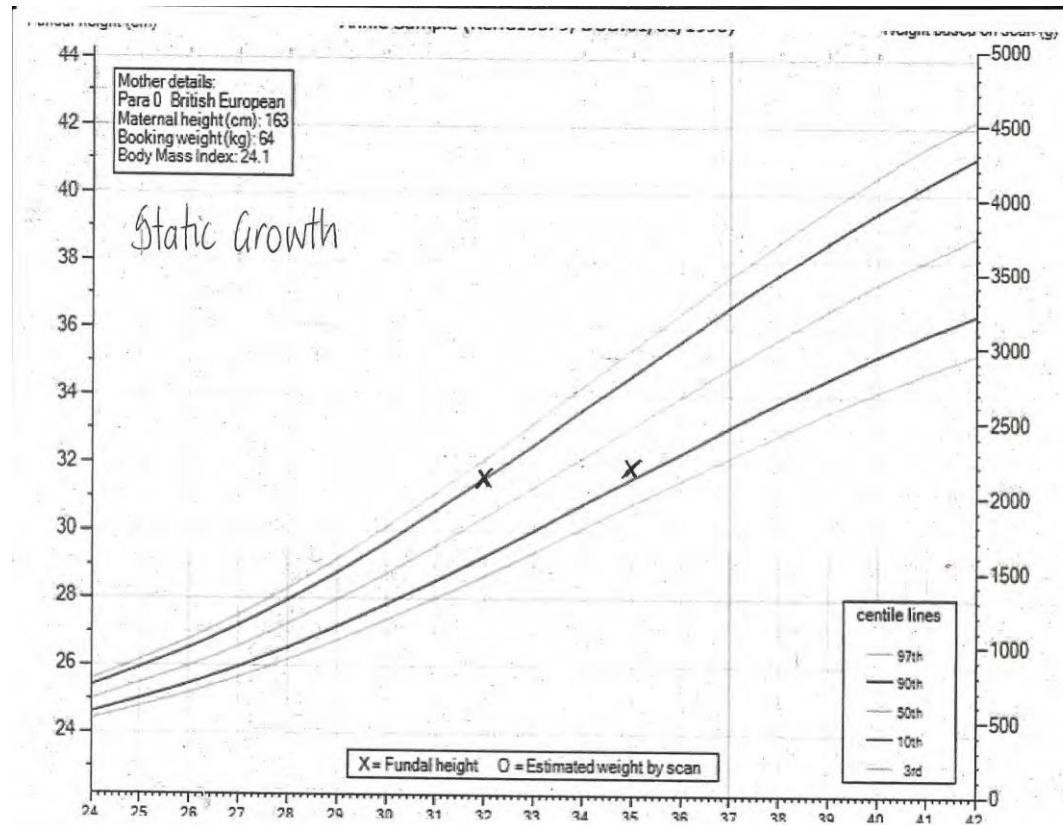
Slow growth includes no or static growth and should be referred for a scan.



STATIC GROWTH – SFH

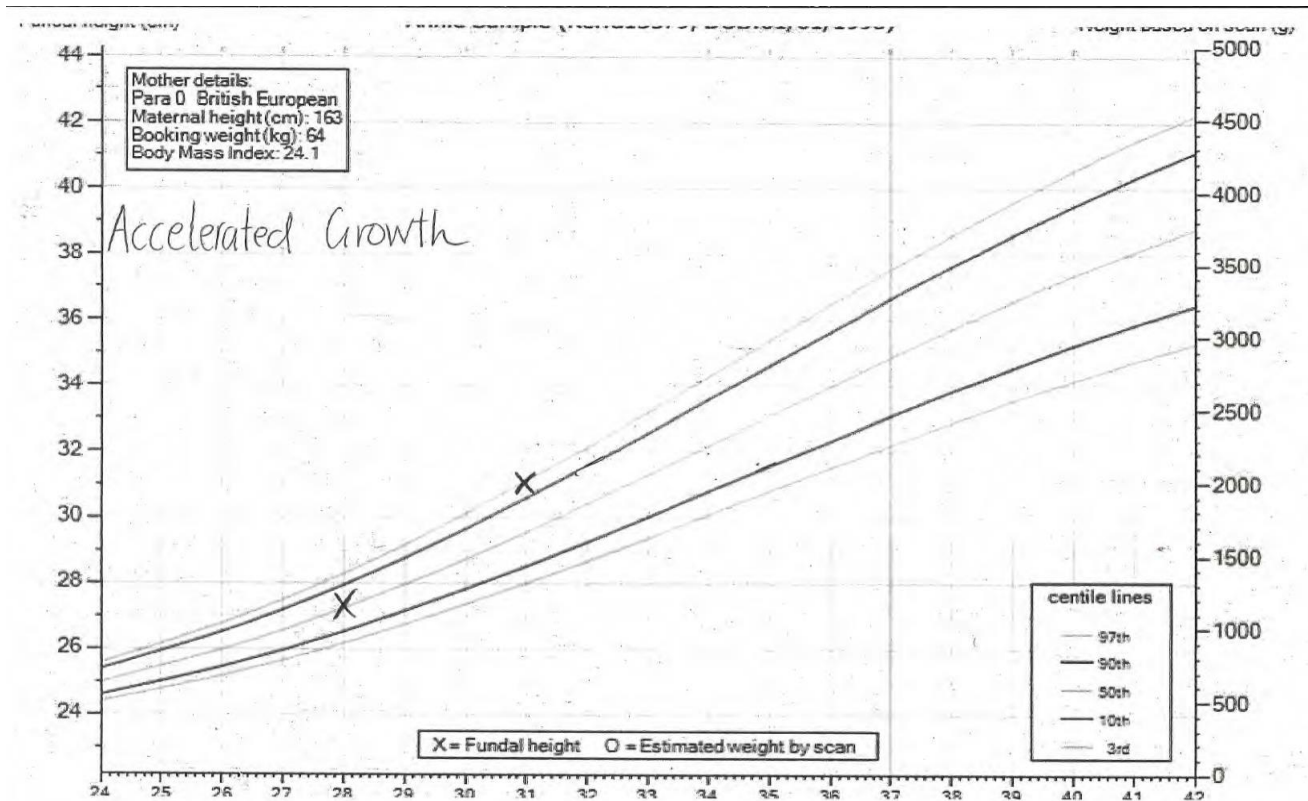
This is an example of STATIC GROWTH from SFH measurement.

Static growth is no growth and should be referred for a scan.



ACCELERATED OR EXCESSIVE GROWTH

Accelerated growth by SFH is defined as a growth rate that is faster/ steeper than the 90th centile line. A referral for scan should be made.



2 SFH PLOTTING ABOVE 97TH CENTILE

Can reflect a large baby although not always.

A referral for scan should be made to determine EFW.

The lady should be told the SFH measurement is an assessment of the uterus and its contents, while the ultrasound scan will be able to estimate the baby's weight.

