

Raigmore Obstetric ultrasound contingency plan for Covid -19– March 2020

THIS WILL BE EFFECTIVE FROM 2ND April 2020 – 2nd version due to staffing

Following on from NSD’s publication yesterday regarding guidance for CEL 31 pregnancy and Newborn screening, the obstetric scan suite will follow the below criteria.



First trimester screening

For first trimester screening for Down’s Syndrome- ‘twice on the couch’ will now be 2 attempts at NT measurement at the dating scan appointment rather than a second attempt on another day. If the NT is unable to be obtained, dating with second trimester screening will be given.

If staffing falls below 50%, NT dating will then be performed as part of a combined one stop dating/detailed scan with second trimester screening taken on the day.

Fetal anomaly screening

Fetal anomaly detailed scan will not be compromised. This screening scan will be offered to all women.

Early pregnancy scanning

The following patients will be scanned at early pregnancy:

* Significant bleeding and abdominal pain – bleeding to be assessed by the medical team first.
* Highly suspicious of ectopic
* Previous ectopic – Discuss with on-call consultant please

All other early pregnancy patients will be vetted for clinical indication through the consultant team

Perinatal Institute – GROW scanning.

The following criteria will be offered a scan, based on clinical significance:

* Reduced fetal movements
* EFW below the 10th centile
* SFH below the 10th centile/static
* Previous SGA baby <10th centile
* Previous Stillbirth
* EFW crossed the centiles - down
* Chronic Hypertension
* Diabetes
* Renal impairment
* Antiphospholipid syndrome
* Low PAPP-A <0.415MoM
* Severe pregnancy induced hypertension
* Unexplained antepartum haemorrhage.
* Diagnosed antibody/fetal anomaly – FMU patients
* Possible breech/pre-term labour
* Low lying placenta at detailed scan
* Twins
* Maternal age >40
* Cervical fibroid – scan for location plan prior to delivery

The following criteria will NOT be offered surveillance and will be managed clinically through SFH and medical management - **02.04.2020- now updated that ALL women who fall under this criteria will NOT be scanned, even if they are on the GROW pathway at present.**

* Smoker
* Fibroid uterus
* BMI >35 (When the SFH cannot be measured due to BMI- please discuss with scan unit)
* Large for gestational age
* SFH crossed the centiles up
* Possible polyhydramnios
* EFW crossed the centiles –up
* EFW above the 90th centile
* Interim AFI and Doppler for slowing of growth

All DCU patients will be accepted through the on-call registrar during the Covid-19 out –essential patients only planning.

~~All previous GROW agreed pathways will be upheld until staffing falls below 50% where we will look at clinical priority in the first instance.~~

**Any other scan requests will be only be considered by the on-call consultant team.**

Scan 6 has been chosen as our Covid-19 scan room for triage and positive Covid-19 cases.

 Compiled and agreed by

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Second version – Dr Davies, Dr Archibald, Dr Thomas, Jocelyn Reid, Jenni Mackenzie.