

First Trimester OB:

- Prep: Patients will arrive with a partially full bladder.
- Basic Principles: Obtain history, appropriate laboratory information, and LMP if known. Depending on stage of development, exam will be done transabdominal and/or endovaginal. All male sonographers will have a chaperone (not a family member) present for endovaginal imaging.
- The following should be documented:
 - Gestational sac – size, location and number – measure in 3 planes
 - Yolk sac – measure inner to inner if large ≥ 6 mm
 - Crown-rump length – at least 3 separate measurements
 - Fetal number
 - Amnionicity and chorionicity should be documented for all multiple gestations.
 - Fetal viability and heart rate
 - The uterus including the cervix, adnexal structures, and cul-de-sac should be evaluated.
 - Document any fluid collections (intra or extra uterine), masses or leiomyomata.
 - Survey extra uterine locations for possible ectopic in all cases
 - The appearance of the nuchal region should be assessed as part of a first trimester scan, (between 11 and 14 weeks) see nuchal translucency protocol.
 - Survey maternal kidneys with longitudinal views for hydronephrosis.
- **Color and/or spectral Doppler should NOT be used in the first trimester.**