

Second and Third Trimester OB:

- Prep: None
- Basic Principles: Use appropriate transducer for patient body habitus. Patient position to vary depending on fetal anatomy to be documented. Obtain appropriate history and LMP if known.
- Examination should include the following:
 - Fetal number and position
 - Fetal viability, heart rate and/or rhythm
 - Gestational age using BPD, HC (both at the level of the thalamus and cavum septum pellucidum) AC (measure at the level of umbilical vein, stomach and portal sinus) and FL. At **least** two separate measurements of each.
 - If it has been more than 4 weeks since we have seen the patient include measurements for growth.
 - With all obtained measurements also document:
 - Estimated gestational age and compare with LMP and prior ultrasounds if available
 - Cephalic index
 - HC/AC ration
 - Estimated fetal weight
 - Percentile of growth after 24 weeks for both LMP and prior ultrasound
 - Assess and image fetal anatomy:
 - Head, face and neck
 - Cerebellum
 - Choroid Plexus
 - Cisterna Magna – with measurement
 - Lateral cerebral ventricles – with measurement
 - Midline falx
 - Cavum septum pellucidum
 - Nuchal fold (between 15-22 weeks)
 - Upper lip/nose for cleft
 - Profile
 - Spine - cervical to sacrum in longitudinal, transverse and/or coronal planes
 - Heart
 - 4 chamber view
 - Outflow tracts – axial orientation to show “crossing”, non-parallel vessels
 - Position
 - Chest
 - Diaphragm
 - Abdominal organs
 - Stomach (presence, size, situs)

- Kidneys
- Bladder
- Umbilical Cord
 - Insertion site into the fetal abdomen
 - Umbilical cord vessel number
 - UA Doppler for IUGR, early placental maturation and oligohydramnios.
- Fetal extremities (essential if anomalies are seen)
- Placental location, grade and cord insertion site.
 - Document placental cord insertion as:
 - Central
 - Marginal ($\leq 2\text{cm}$ from placental edge)
 - Velamentous – show sweep of cervix with color cine clip
- Amount of amniotic fluid. Always measure the AFI in the 3rd trimester (28 weeks and above). Calipers for the AFI should not include any part of the umbilical cord in the measurement.
- Cervix length and cervical os clearance (endovaginal if necessary), color flow if placenta is $< 4\text{cm}$ from os. Do not use the trace length for measuring the cervix. If there is a curve use two straight measurements and add them together. The cervix needs to be measured on all screening exams. If less than 3cm in length a vaginal ultrasound should be performed.
- Evaluate uterus and adnexa.
 - If the patient has a history of a c-section, image the position of the placenta with respect to the scar.
- If multiple gestation also document:
 - Fetal number, position and gender
 - Placental number
 - Membrane
 - Comparison of fetal growth
 - Location of presenting twin for future comparisons
 - Endovaginal measurement of the cervical length