



# memo

**Date:** October 27, 2015

**To:** Radiologists, Sonographers, Midwives, General Practitioners, Obstetricians, and Maternal Fetal Medicine Specialists

**From:** Anita Dircks  
Project Manager  
Perinatal Services BC

**RE: Updates to Obstetrical Ultrasound Assessment Standards**

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Perinatal Services BC has updated the Obstetrical Ultrasound Assessment Standards for BC in response to recently published clinical practice guidelines. **The revised standards will be effective as of December 1, 2015.** Considerations and revisions from the original version published in October 2012 include:

**1. Consideration to Adopt Intergrowth 21st Growth Standards**

Page 4: 3.0 Standardized Charts and Formulas – Fetal Anatomic Measurements  
Appendix 7

A working group on biometric standards for assessing fetal growth was brought together to carefully consider the option of replacing the current, widely used, Lessoway standard with the new Intergrowth 21st standard. After careful consideration, as outlined in Appendix 7, **the working group recommends that the Lessoway standard remain the provincial standard.**

**2. Amniotic Fluid Assessment by Single Deepest Pocket (SDP)**

Page 4: 3.0 Standardized Charts and Formulas – Amniotic Fluid Volume  
Page 5: 3.0 Standardized Charts and Formulas – Single Deepest Pocket Interpretation  
Appendix 8

**Modernized Description**

The largest pocket of fluid, free of cord and fetal parts, is identified and its depth (cm) measured as close to right angles as possible to the uterine contour. The pocket must be at least 1 cm in width (width being measured perpendicular to the depth axis) at its narrowest point so that it is at least 1cm wide throughout the measured depth axis. To avoid over-estimation of pocket depth, the transducer should not be over-angled through the pocket relative to the depth axis.

**Definitions**

Oligohydramnios: SDP < 2.0 cm  
Normal: SDP between 2.0 and 8.0 cm  
Polyhydramnios: SDP > 8.0 cm

**3. Listing of Anatomic Details to be Attempted to be Assessed in First Trimester (after 11 wks 0d)**

Page 7: 4.2 1st Trimester Ultrasound Report

- Head circumference (HC)
- Biparietal diameter (BPD)
- Choroid plexus filled ventricles
- Stomach
- Symmetrical lung fields
- Presence of 4 limbs, each with 3 segments
- Abdominal wall cord insertion

**4. Information Regarding Umbilical Artery Doppler**

Page 5: 3.0 Standardized Charts and Formulas – Umbilical Artery Doppler

Page 9: 4.3 2nd Trimester Ultrasound Report

Page 10: 4.4 3rd Trimester Ultrasound Report

- Umbilical artery doppler should not be done in low-risk pregnancies as it has not been shown to be of value in this group of women.
- Umbilical artery doppler can be assessed if there is suspected fetal growth restriction, placental mediated complications, maternal hypertension or a complicated multiple pregnancy such as monochorionic/diamniotic twins.