

Your appointment

Name:

Date:

Time:

As part of your antenatal care, we offer you an ultrasound scan at 18 – 21 weeks to check your baby has no obvious abnormalities. If you do not wish to know if your baby has an abnormality, you may decide not to have the scan, it is entirely your choice. Should you proceed with the scan we will assume that you wish to know about anything we find.

What your scan involves

We ask you to come to the scan with a comfortably full bladder. The amount you need to drink varies however approximately 500mls of water / squash taken one hour before your scan is usually adequate.

Benefits of the scan

We will be able to take measurements and ensure that your baby is growing normally. We will check for structural abnormalities. **Not all problems / abnormalities can be detected so even if the scan appears normal there is still a small chance that your baby may have an undetected problem.**

Risks of the scan

Diagnostic ultrasound is understood to be clinically safe procedure, however, with the introduction of new, more powerful equipment it is prudent to keep ultrasound scanning to a minimum.

Alternative to scanning

There is no alternative to ultrasound scanning, ultrasound is a unique scan.

If we find a problem

If your scan shows an actual or suspected problem, we will inform you at the time of the scan. We will arrange for you to see a doctor who may refer you to a specialist for further scans.

Further information

You can only bring one person with you to the scan this can be your partner or another person. As the sonographer will need to concentrate during the scan we regret children are not allowed to attend the scan.

Fetal sex

If you wish to know the sex of your baby it maybe possible to detect **at the routine scan only**, a scan cannot be prolonged or rebooked for this purchase.

NB: Image quality depends on material size and in some cases where the mother is classed as obese this can result in a poor image. (29/06/2007)

What the scan looks for

Problem		Chance of being picked up %
Anencephaly	This is abnormal development of the brain and the bones of the skull. Sadly, babies with this problem cannot live once they are born and die soon after birth	98
Open spina bifida	This is when your baby's spinal cord has not developed properly and there is a gap or split in the spine.	90
Cleft lip	This happens when certain parts of the face and particularly the lips do not join together properly.	75
Diaphragmatic hernia	This is when the diaphragm does not develop properly. The diaphragm is a muscle which helps us breathe and it keeps the lungs separate from the bowel.	60
Gastroschisis	This is a defect or 'hole' in the baby's abdominal wall or the side of the umbilical cord (usually the right side) Some of the bowel escapes through this hole and develops outside of the baby's abdomen.	98
Exomphalos	This is when the abdomen fails to close and some of the organs develop outside of the abdomen.	80
Serious cardiac abnormalities	These include a range of heart abnormalities which means your baby will need medical attention soon after birth.	50
Bilateral renal agenesis	The kidneys do not develop, baby's with this condition die shortly after birth.	84
Lethal skeletal dysplasia	This is a problem which affects the size and shape of the arms, legs, body and sometimes the skull. The chest and lungs do not fully develop, which means they do not survive.	60
Edward's syndrome (trisomy 18)	This is a rare genetic chromosome disorder - 3 copies of chromosome 18	95
Patau's syndrome (trisomy 13)	This a chromosome disorder 3 copies of chromosome 13.	95
Please note that Down's syndrome cannot be detected with ultrasound		

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BMUS 2000 – Safety Statement

Unfortunately, recording devices are not permitted in the ultrasound scan room however you can purchase images of your scan. Please ask your sonographer about purchasing images during the scan.