# Information for radiologists on community-based maternity ultrasound scans

3 March 2022

This following table provides guidance on the prioritisation of clinically indicated maternity ultrasound scans undertaken in the community. This advice has been prepared by clinicians as a guide to assist in the prioritisation of maternity ultrasound scans during the Omicron outbreak. This guidance may be adapted to suit regional or local circumstances.

It is important that health services continue to be delivered at all levels, with the least restrictions and in a safe environment. Referral or discussion with the obstetric service and/or Maternal Fetal Medicine service is advisable if a screening ultrasound scan result is abnormal (nuchal translucency or anatomy).

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| **Priority** | **Definition** | **Service Prioritisation by Disruption Level** |
| **None** | **Mild** | **Moderate** | **Significant** |
| **1****Urgent** | * Suspected ectopic in haemodynamically unstable patient (acute)
* Suspected ectopic - stable patient
* Suspected FGR
* Surveillance of known FGR
* Abruption
* PV bleeding in the context of suspected placenta accreta
* Open cervix
* Sustained fetal bradycardia/tachycardia in a viable pregnancy
* Anatomy scan
* Growth scan for significant risk factors
* MCDA twins – routine surveillance: 17, 20, 23, 28, 32 weeks
* DCDA twins – growth scan: at 28, 36 weeks
 | YES | YES | YES | YES |
| **2** | * As above
* Nuchal translucency
* Growth scan for significant risk factors: twice in 3rd trimester

(eg: 30-32 weeks and 36-37 weeks)* MCDA twins – routine surveillance: 16, 18, 20, 22, 26, 30, 34 weeks
* DCDA twins – growth scan: at 28, 32, 36 weeks
 | YES | YES | YES | If possible |
| **3** | * As above
* Growth scan for significant risk factors: 4-weekly in 3rd trimester
* MCDA twins – routine surveillance: 2 weekly from 16 weeks
* DCDA twins – growth scan: at 24, 28, 32, 36 weeks
 | YES | YES | If possible | X |
| **4** | * As above
* Dating scan (as indicated)
 | YES | If possible | X | X |
| **5** | * As per NZ Obstetric Ultrasound Guidelines
 | YES | X | X | X |

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| **Disruption Level** | **Rating can be applied to the overall level of service or a specific type of service, to staff, facilities or equipment** |
| **1** | **None** | Managing baseline service delivery with only staffing and facility impact being for training and readiness purposes |
| **2** | **Mild** | Managing baseline service delivery but some staff absence and/or redeployment beginning to impact ability to maintain capacity |
| **3** | **Moderate** | Significant staff absence: gaps not being covered and significant reduction in capacity |
| **4** | **Significant** | Critical staff absence: gaps not being covered |