Limited Obstetrical Ultrasound

The National Institute of Family and Life Advocates (NIFLA) strongly encourages the use of limited obstetrical ultrasound with a patient to confirm the pregnancy and to diagnose its viability. When developing ultrasound services for your clinic, some important principles should be understood and followed.

I. THE PROVISION OF ULTRASOUND SERVICES IS THE PRACTICE OF MEDICINE:

Many times pregnancy help clinic board members mistakenly state that they only want to provide “educational non-diagnostic” ultrasound examinations. The purpose of such examinations, they assert, is to simply show a woman her unborn baby and thus, the ultrasound in this setting is seen as “non-diagnostic” and educational only.

This type of reasoning is dangerous because it opens the door for the unauthorized practice of medicine. Clinics who provide ultrasound must understand that the provision of ultrasound is the practice of medicine. The use of ultrasound is diagnostic in nature and will diagnose either the health of the baby or the condition of the pregnancy. In either case it becomes the practice of medicine when utilized.

The American Institute of Ultrasound Medicine (AIUM) states in regards to this:

Ultrasound studies shall be supervised and interpretations must be rendered by a physician with training and experience in the specific area of ultrasonography. Findings must be recorded and results communicated in a timely fashion to the physician responsible for care. Although a sonographer may play a critical role in extracting the information essential to deriving a diagnosis, the rendering of a final diagnosis of ultrasound studies represents the practice of medicine, and therefore, is the responsibility of the supervising physician.

(Emphasis added.) – AIUM Official Statement, October 1992

The rendering of any ultrasound examination constitutes a medical diagnostic procedure that must be supervised by a licensed physician. Because of this, pregnancy help centers should not attempt to use ultrasound unless they are licensed medical clinics. As clinics, the ultrasound examination can be used under the supervision of the medical director who renders the final diagnosis of pregnancy.

II. CLASSIFICATION OF FETAL SONOGRAPHIC EXAMINATIONS

National medical standards and classifications of ultrasound examinations have been set forth by the American Institute in Ultrasound Medicine (AIUM), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Radiology (ACR). In its publication Guideline for the Performance of an Antepartum Obstetric Ultrasound examination AIUM lists these classifications as follows:

1) First Trimester/Standard Second or Third Trimester Examination: This was previously referred to by ACOG as a “basic” or Level 1 ultrasound. This type of ultrasound examination renders a diagnosis of the health of the baby and includes a checklist of measurements the sonographer should undertake to enable the doctor to render a proper diagnosis. This ultrasound examination is generally performed in the late first trimester of pregnancy and beyond.

2) Specialized Examination:
   this was previously referred to by ACOG as a
“comprehensive” or Level II ultrasound. This examination is “performed when an anomaly is suspected on the basis of history, biochemical abnormalities, or the results of a previous scan.” (Page 1 of Guideline.) As with the Standard Examination, this ultrasound examination renders a diagnosis of the baby and is particularly concerned with anomalies or abnormalities of the pre-born infant. It is undertaken at any time during pregnancy but only after an initial Standard exam raises questions about the health of the child.

3) Limited Examination: “A limited examination is performed when a specific question requires investigation.” (Page 1 of guideline.) In an Official Statement approved October 1997 AIUM states: “A Limited Obstetrical ultrasound is performed to answer a specific, acute clinical question, when an immediate impact on management is anticipated, and when time or other constraints make performance of even a Basic sonogram impractical.” In the pregnancy help medical clinic setting this is the type of ultrasound examination that is undertaken in order to provide the abortion-minded-abortion vulnerable patient with vital information to enable her to make an informed choice.

No ultrasound examination should be given unless there is a medial indication justifying the exam. A Limited examination may be provided to a patient who is considering abortion to: 1) confirm her pregnancy; and 2) determine if the pregnancy is viable. A viable pregnancy exists when the fetal sac is located inside the uterus and there is fetal cardiac activity. In this regards AIUM specifically states on Page 2 of the Guideline that “a sonographic examination can be of benefit in many circumstances in the first trimester of pregnancy, including, but not limited to, the following indications: a) to confirm the presence of an intrauterine pregnancy; and... g) to confirm cardiac activity.” AIUM further specifically states, “a limited examination may be performed to evaluate... and assess the presence of cardiac activity.” (Guideline, Comment Page 2.)

Pregnancy help medical clinics should only be concerned with the Limited ultrasound examination where the limited information sought is to diagnose the existence of a viable intrauterine pregnancy with an active fetal heartbeat. The Limited ultrasound examination does not attempt to diagnose the health of the baby or the presence of fetal abnormalities. Rather, it renders a diagnosis of the condition of pregnancy by confirming its existence and viability.

Clear and specific communication to the client of the restricted scope of the limited examination must be given. This ensures that the risk of liability is minimized as much as possible. The client should be informed that the examination is only to obtain specific limited information. The client should sign an appropriate release indicating that she understands the limited nature of the ultrasound examination being given. The **Medical Services Consent and Release Form** in the medical policies and procedures produced by NIFLA contains recommended language for the client to acknowledge the limited nature of this exam. Such language, which is to be contained on a form signed by the client, states:

**If a limited ultrasound is recommended, I understand that it is only for the purposes of confirming my pregnancy and its viability and detecting fetal cardiac activity. I understand that it is not for the purposes of diagnosing or detecting any medical problem or condition for my baby or myself. I will not hold the pregnancy help medical clinic responsible for diagnosing or failing to diagnose any abnormalities or conditions relating to my pregnancy or my baby and hereby release the pregnancy help medical clinic from any and all liability in this regard.**

NIFLA offers a course in Limited obstetrical ultrasound to train nurses who work at pregnancy help medical clinics. This course follows the national guidelines set forth by AIUM, ACOG and ACR for the provision of ultrasound services. In addition, this course follows guidelines set forth by the **Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)** for the training of nurses in Limited ultrasound.

You may obtain more information on this training program by going to our website at www.nifla.org, or you may call the NIFLA to request a registration form.