PATIENT FOLLOW-UP AFTER A SONOGRAM/ULTRASOUND EXAM

When someone goes to a medical clinic for medical tests such as a pap smear, a mammogram, blood work, etc., they expect to receive a phone call or card in the mail once the test results are completed following the physician review. Such follow-up after a sonogram/ultrasound exam is an important part of the care to be provided at a Pregnancy Resource Medical Clinic (PRMC).

Historically in the PRMC, patient follow-up is used to determine what a woman has decided in regard to the future of her pregnancy. As such, it grows a caring relationship between clinic and patient and encourages further utilization of clinic support services. Generally, such follow-up has been undertaken by the volunteer client advocate, but only after obtaining written permission to protect the patient’s privacy. Yet, Darlene Norberg and Kim Conroy, consultants with the Option Ultrasound Project (OUP) from Focus on the Family, estimate that only fifty percent (50%) of all abortion-minded patients who receive an ultrasound exam and follow-up are impacted. This would change if a nurse undertakes the follow-up.

A woman at risk for abortion is more responsive to a follow-up call from medical personnel since the nurse can have a discussion with her regarding medical issues. When the patient is told that a lay counselor would like to follow-up with her she may be less responsive because she believes the lay counselor wants to talk about her decision, whereas the nurse wants to follow-up with medical concerns.

Norberg and Conroy suggest that the person performing the sonogram/ultrasound exam provide primary follow-up contact. Too often in PRMCs, patients, by default, dictate the flow of services based upon how timidly they are approached regarding the next steps of services to be provided. Medical staff should never be hesitant in asking permission to follow-up with a patient after performing a sonogram/ultrasound exam.

A major role of the nurse in the PRMC is to help patients understand the need for a particular test, answer questions, and obtain agreement for the test. In addition, it should be explained to the patient that the follow-up process is part of the medical services provided and is intended to serve her with excellence. Being able to contact her with test results and ensuring good medical processes can be furthered if we confidently step into the role of a “trusted guide.”

Legal liability issues also dictate that follow-up be required after a sonogram/ultrasound exam. If the exam reveals a problem, such as an ectopic pregnancy, the failure to follow-up with the patient creates potential serious legal consequences. Thus, obtaining accurate patient contact information and permission for follow-up after a sonogram/ultrasound exam is
performed is essential for good risk management and appropriate medical oversight.

The following language should be used in the waiver and consent form that is signed by a patient before a sonogram is performed:

“Since a sonogram/ultrasound exam is a medical procedure performed under the supervision of our physician/medical director the clinic must be provided with accurate contact information. Please provide the best way to contact you after our physician has reviewed the ultrasound images and has read the sonogram report. This is necessary in the event that the sonogram reveals a concern or complication that you need to be aware of.”

Beyond the need to have the patient’s pregnancy confirmed by the physician, the benefits to everyone involved are numerous. First, she may appear to have a change of intent for her pregnancy during the sonogram, but after departing may face tremendous pressures from the father of the baby, family, friends, or co-workers to abort. She needs the support of your PRMC to continue with her desire to carry the pregnancy to term. Only as a nurse performs the initial follow-up call can her concerns be determined. Evidence shows that nurses/medical professionals have more success in making follow-up contact with the patient. Medical questions the patient may not have considered can be answered during this call, which may include additional abortion information. Studies reveal that young women trust the caring and professional nature of nursing staff, and a call within 24-48 hours helps ensure that the vital link provided by the clinic carries through in her crucial decision-making time.

A woman who plans to continue the pregnancy can be further encouraged to pursue medical care if she has not done so. If she has questions, they can be addressed at this time. If helpful, a familial scan for the benefit of the father of the baby or her other family can also be offered. (Familial sonograms, described and encouraged in the August 2008 Clinic Tips, are beneficial to women and medically indicated relating to maternal health.)

Remember, it is helpful to think of the PRMC as a clinic along the lines of an urgent care facility. Such clinics do not provide ongoing care, but when lab tests results are not immediately available patients expect to receive results after the visit. Good follow-up after a sonogram/ultrasound exam is essential to good patient care.

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