

BCW OB Outpatient Ultrasound Triage Guidelines:

P1: EXAMS TO BE BOOKED AT BCW ULTRASOUND

- Predetermined program-specific ambulatory clinic slots: FDS, MFM, MG, New beginnings, Oak tree, Ob ID
- Triage by MFM or as per BCW US MFM recommendations:
(urgency / timing of booking as per MFM)
 - Follow up of abnormal scans not attached to MG/MFM/ eg:
 - FDS Follow up exams
 - Follow up echo
 - Complex twins (mono or dichorionic)
 - IUGR (*external referral- confirm IUGR by dating scan/ confirmed by BCW scan*)
 - Vasa previa
 - Velamentous/Marginal placental cord insert at risk for vasa previa f/u
 - Short cervix <24+6 weeks (see 'A' notes on page 2)
 - Polyhydramnios
 - Arrhythmia
 - Antepartum Hemorrhage (APH)
 - PPRM (confirmed or unconfirmed- triage with MFM as to urgency)
 - Fibroids >5cm in diameter for surgical planning: located in lower anterior uterine segment, cervical fibroids or over placental implantation site
 - Referral based on external US findings
 - Book <7days/ "urgent" exams requests
- AFI+/-Doppler as per approved indications

P2: EXAMS TO BE BOOKED AT BCW ULTRASOUND

- NT (limited time slots)
- Specialized details scans/ exams:
 - Extended heart views (*as per Fetal Echo Booking Guidelines*)
 - MFM screening echo
 - Detail + EMMA
 - MAP (Morbidly adherent placenta) risk assessment (*referrals CARE/OR*)
- Routine detail scans not meeting P2 criteria: book in allocated "detail ultrasound slots" after P2 details accommodated, *no earlier than 12+0 weeks GA*

P3: Growth scans for pregnancy with clinical risk factors

P3A: EXAMS TO BE BOOKED AT BCW US, IF LIMITED APPTS CAN BE DONE COMMUNITY

- Monochorionic twins exams that do not meet criteria under P2
- Chronic/ gestational hypertension (growth scan upon diagnosis, AFI/Doppler as per Antepartum NonStress Testing Frequency US Surveillance)
- Significant Maternal disease (eg Type 1 or type 2 diabetes, autoimmune disease, renal disease)

- Obstetrical complication which warrants fetal monitoring done at BCW (eg cholestasis)
- Screening EV cervix <24 weeks
- Placenta previa (book at 32-34 weeks GA- priority patients delivering at BCW)
- Sheway Clinic OB Exam Referrals (BCW US supports these patients)

P3B: BOOKED SHORT NOTICE/ ONCE P3A accommodated. IF LIMITED APPTS CAN BE DONE COMMUNITY

- EMMA recommended follow up (unless hypertension or IUGR diagnosed)
- Normally grown di-di twins
- Velamentous/Marginal placental cord insert f/u *where risk for vasa previa has been excluded (when insertion equal/less 5mm from placental edge)*
- Single umbilical artery
- Follow up 3rd Trimester exam for fetal pyelectasis
- Fibroids >5cm not meeting P1 criteria
- Insulin-treated Gestational diabetes -growth exams 32-36wks (See Diabetes algorithm)
- Maternal obesity
- Advanced Maternal Age (*equal / > 45yrs*)

P4: indicated but lower risk BCW or COMMUNITY

- Routine detail scan where in absence of indication for specialized exam (P2)
- SGA suspected GA <36 weeks on the basis of SFH alone
- Diet controlled GDM (if clinically indicated- see Diabetes algorithm)
- Macrosomia suspected without significant clinical risk factors (book at 36-37 weeks)
- Advanced maternal age

P5: lower risk TO BE BOOKED IN COMMUNITY

- Presentation only
- Placenta <2.0 cm from internal os at detail scan

Other requests:

- Other which do not fit in any category to be triaged by reporting MFM

Referral criteria for specialized exams:

- VCH, Interior Health, Northern Health and Yukon
- FHA and VIHA to stay within own health authority if possible

A. EV cervix < 24+6 weeks:

- Previous history of preterm birth

- Previous LEEP or cone biopsy
- EV cervix <2.5cm in current pregnancy
- Connective tissue disease (eg Ehler Danlos)

B. Fetal heart exam

- As per 2018 BCW Guidelines

C. EMMA/ Placental assessment:

- As per MFM clinic triage of risk assessment documents

D. Monochorionic twins

- Usual schedule is NT followed by ultrasound q2 weeks starting at 16 weeks GA, unless specified otherwise by MFM.
- Booking priority is given to NT and 20 week details with extended heart views.

E. MAP risk assessment:

- As per CARE program referral OR
- One or > previous Cesarean sections + either anterior placenta previa or “low lying”