

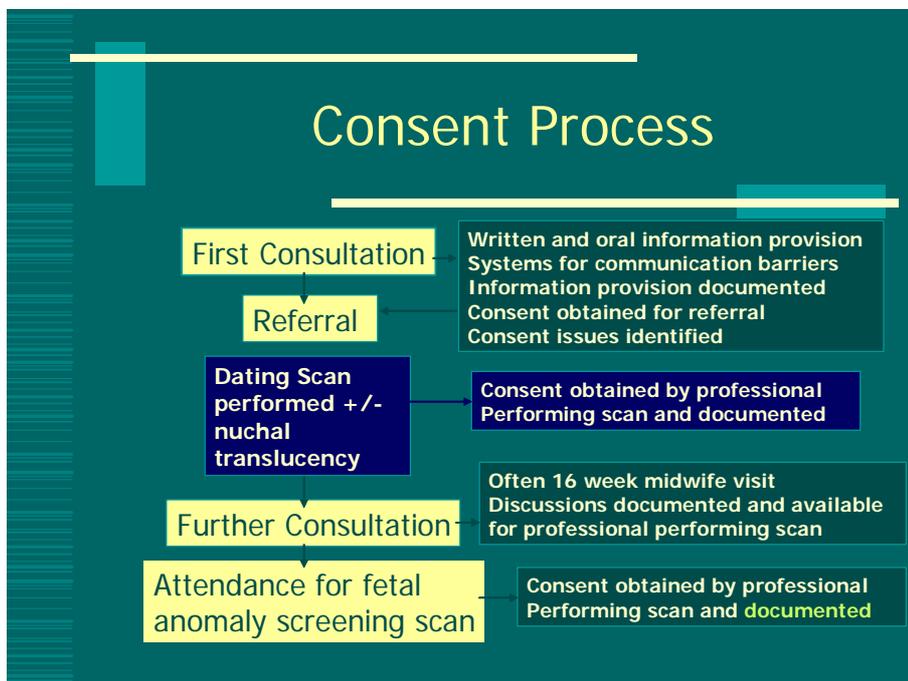
# Consent for Ultrasound Scans in Pregnancy: A Guide for Professionals

## Why should women give consent for their scans?

Many women and their families eagerly anticipate ultrasound scans and enjoy watching the unborn baby on screen. They often assume that their scan will be a pleasurable and reassuring experience. Fortunately, this is usually the case. However, ultrasound examination of the developing fetus is a significant screening and diagnostic test. It can have a wide range of clinical and emotional consequences. Women are sometimes asked to make life and death decisions about the future of their unborn baby as a direct consequence of ultrasound findings. The law states that professionals must provide sufficient information and obtain consent before examining, treating or caring for competent individuals.<sup>1</sup>

## What will this involve?

Obtaining consent is usually a process and not a one-off event.<sup>1</sup> It involves the provision of information, discussion and decision making. A range of professionals will be involved, including midwives, obstetricians, GPs and sonographers. The stages for obtaining consent are normally as follows:



## How will this work in practice?

Ultrasound examination should be described as an option and not as an inevitable part of antenatal care. If the consent process is to be meaningful, it must be clear that refusal is an option. Individual requirements should be taken into account where possible. Care should be taken to ensure that

consent is obtained, even when there are language or other communication barriers. The actions required throughout the consent process are as follows:

Actions	Person responsible
<p><b>Early pregnancy consultation (prior to scan at <math>\geq 8</math> weeks gestation)</b></p> <ul style="list-style-type: none"> <li>• Explain that two ultrasound scans are normally <u>offered</u> during pregnancy. The woman can accept or decline these tests.</li> <li>• Explain <u>in broad terms</u> why ultrasound scans are performed*:               <ul style="list-style-type: none"> <li>○ Dating</li> <li>○ Pregnancy localisation</li> <li>○ Viability</li> <li>○ Multiple pregnancies – chorionicity / amnionicity</li> <li>○ Fetal development – detection of structural anomalies</li> <li>○ Down’s syndrome screening (if appropriate)</li> </ul> </li> <li>• Explain <u>in broad terms</u> what may happen as a result of the scan*:               <ul style="list-style-type: none"> <li>○ No abnormalities detected – doesn’t eliminate all problems</li> <li>○ Suspected abnormalities, resulting in further scans or tests</li> <li>○ Definite diagnosis of abnormalities that range in type and severity</li> </ul> </li> <li>• Give written information to support discussions.</li> <li>• Document discussions and the provision of written information (in client-held records if available).</li> </ul>	<p>Professional conducting the early pregnancy consultation (midwife or doctor), early pregnancy / fertility nurse if applicable</p>
<p><b>Referral for ultrasound scan</b></p> <ul style="list-style-type: none"> <li>• Ensure that the woman has received and understood the pre-test information, as above.</li> <li>• Ensure that the woman wishes to undergo a scan.</li> <li>• Inform the woman that she can change her mind at any time and will be supported in that decision.</li> <li>• Highlight communication issues / special needs and include on the referral form.</li> </ul>	<p>Referring professional (usually midwife or doctor)</p>
<p><b>Attendance for the scan</b></p> <ul style="list-style-type: none"> <li>• Prior to commencement of the examination, confirm that pre-test information has been received and documented as above. If these steps have not been completed, refer to appropriate clinician before proceeding (e.g. screening midwife, doctor, antenatal clinic midwife).</li> <li>• Reiterate the purpose of the scan in broad terms.*</li> <li>• Confirm that the woman understands in broad terms why the scan is being performed and its potential implications.</li> <li>• Consider whether the woman has declined Down’s syndrome screening as this may be relevant to the scan.</li> <li>• Note any specific clinical or personal requirements and confirm with the woman, as required.</li> <li>• Confirm that the woman still wishes to proceed with the examination</li> <li>• Document discussions and the woman’s consent for treatment. Documentation may be in the form of an entry in the woman’s healthcare record to indicate verbal consent. Completed and signed tick boxes can also indicate the issues that have been discussed. Alternatively, the woman may sign a consent form that contains the relevant information. Irrespective of format, the woman’s agreement to the investigation and the issues that were discussed prior to that agreement must be clearly documented to show that the consent is valid.</li> </ul>	<p>Professional who performs the ultrasound examination</p>
<p><b>Pregnancy consultation prior to mid-trimester scan</b></p> <ul style="list-style-type: none"> <li>• Check early pregnancy ultrasound report and ensure that the woman understands the results of her first scan.</li> </ul>	<p>Consulting midwife or doctor</p>

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| <ul style="list-style-type: none"><li>• Reiterate the purpose of the mid-trimester scan (more detailed examination of fetal structures).</li><li>• Check that the woman still wished to proceed with the mid-trimester scan</li></ul> |  |
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**These principles for consent apply to all scans performed throughout pregnancy**

**\*Examples of terminology to use when giving information and obtaining consent**

*'Mothers are usually offered two scans in pregnancy, so that the developing baby can be viewed in the womb. Scans give us information about the health and development of the baby. This includes your expected date of delivery, the number of babies you are carrying and whether the baby appears to be developing normally.'*

*'It is your decision whether or not you would like a scan to check for problems with the development of the baby. This is a very personal choice.'*

*'Most scans are happy experiences, but sometimes problems can be seen or suspected.'*

*'Scans are not foolproof. They do not show all types of abnormalities. Sometimes, further tests or scans are required to give us more information.'*

*'It sometimes difficult to get good views of the baby. This may be because of the baby's position, the mother's bodyweight or scar tissue from previous Caesarean Sections. About 1 in 7 scans need to be repeated for one reason or another.'*

**References**

1. Department Of Health., (2001) [Good Practice In Consent Implementation Guide: Consent To Examination Or Treatment](#), London.