



Unborn.Com On-Line Learning and Refresher Courses for Medical Professionals Providing Limited OB Ultrasound

The Early Pregnancy Ultrasound:

“Recognizing Normal and Abnormal Findings & Knowing when to Refer”

Due to the increased rate of 1st trimester chemical abortions, pregnancy complications, miscarriages and ectopic pregnancies, nurse sonographers need to receive further ultrasound education. According to the AWHONN guidelines for Limited OB Ultrasound, nurse sonographers need to be educated on not just the normal appearance of an early gestation, but also on the abnormal sonographic findings. Nurses need to understand when further evaluation and referral is necessary.

An ultrasound should be performed for the abortion vulnerable clients as soon as a positive pregnancy test has been confirmed. An ultrasound is necessary to verify a viable intrauterine pregnancy, and determine the gestation. Many centers are reluctant to provide ultrasounds before 6 weeks LMP due to the liability of missing an ectopic pregnancy.

A skilled nurse sonographer with high resolution trans-vaginal ultrasound should be able to demonstrate a 1-2 mm gestational sac as early as 4-5 weeks from LMP and a yolk sac at 5-5.3 weeks from LMP. With appropriate history taking and clinical evaluation of the client, a properly trained nurse sonographer should attempt to determine if the gestation is too early, if pregnancy loss is threatened, if an ectopic is suspected, or something else.

The GS grows 1mm a day. If the clinical history indicates that the gestation is too early for an IUP to be visualized, a follow up scan can be performed within 4 days, with ectopic and miscarriage precautions and instructions provided. If the clinical history indicates a GA of over 5.5 weeks and an IUP is still not visualized, refer the client for an immediate evaluation to rule out a suspected ectopic pregnancy. **Nurse sonographers are not expected to diagnose an ectopic pregnancy, but need to understand when a referral is necessary.**

Alternatively, abnormal sonographic findings, such as retained products of conception (RPOC) left from a chemical abortion, are not uncommon; and if left untreated, can lead to infection, sterility and even death. Educate and encourage these clients to follow up with an obgyn as soon as possible for continued medical care.

The rate of known miscarriages has increased in 1st trimesters due to STD's, repeat abortions and more sensitive pregnancy tests. Determining the viability of the pregnancy for women considering an abortion will give her more valuable information about her pregnancy and time to make an informed decision on her options to determine whether the surgical intervention of abortion is indicated.

There is no time to waste if we plan on winning the war on abortion! Nurse Sonographers that provide limited OB ultrasound for Pregnancy Centers need to:

- Have access to a local RDMS or physician with the knowledge of OB ultrasound.
- Receive proper education on optimizing the image on your ultrasound system.
- Refresh ultrasound skills annually
- Retain scanning skills by performing approximately 8-10 ultrasound scans per month
- Have scans periodically reviewed by RDMS or Unborn.com to assure competency
- Receive continuing education - Attend Unborn.Com monthly on-line learning Webinars