# Recording images of sonographers performing NHS obstetric ultrasound examinations: Guidance to support local policy development

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# Contents

1. Introduction	03
2. Advice for ultrasound departments	04
3. Information for service users	04
3.1 Pre-examination	04
3.2 On arrival in the ultrasound department	05
3.3 In the ultrasound room	05
4. References	06
Appendix 1	07
Acknowledgements	09

### 1. Introduction

- 1.1 Members of the Society of Radiographers (SoR) work with a range of patients, women and pregnant people, support persons and carers (collectively referred to as service users throughout this guidance) across a variety of imaging modalities and therapeutic settings. Service users have varying individual needs and expectations relating to NHS examinations and treatment.
- 1.2 Increasingly, SoR members who undertake obstetric scanning are reporting service users taking overt and covert videos or photographs during examinations. These are most often of fetal images, but others also capture the sonographer without their consent. Some of these videos or photographs have then been shared by service users on their social media.
- 1.3 Additionally, the SoR has become aware of social media posts informing service users that they have a right to video on NHS property, as it is considered a 'public space'.
- 1.4 This is a misconception. NHS sites are not public spaces, which means that local NHS trusts must set their own policies to ensure the safety and well-being of staff, patients and all service users.
- 1.5 In some exceptional medical situations, service users may have a valid reason to request audio recordings of their consultation with the sonographer. Sonographers need to consider carefully any reasons provided and balance these against the clinical imperatives arising from the examination. Agreement to permit audio recordings does not provide automatic rights for other forms of recording.
- 1.6 Sonographers should explore the individual reasons for requests to video or audio record an examination (or discussion) with the service user(s). Local policy should clearly reflect examples of a range of situations where this may be justified. It should be noted that any recording will be an exception to standard practice, where a copy of the written report is sufficient to meet guidance.<sup>1–3</sup> Ultimately, the decision is at the discretion of the sonographer carrying out the examination.
- 1.7 Sonographers are not obliged to give their consent to being filmed/photographed.
- 1.8 Local policy should include guidance on how an examination should be managed if the sonographer does not give consent to be photographed or videoed while performing their clinical work.

1.9 This document aims to provide guidance to support local services in developing a policy to help provide clarity about recordings during an ultrasound examination. In developing a local policy for both professionals and service users, it is recommended that this document is reviewed in conjunction with the SoR document <a href="NHS obstetric ultrasound examinations">NHS obstetric ultrasound examinations</a>. Guidance on sale of images, fetal sexing, commercial considerations and requests to record.

# 2. Advice for ultrasound departments

Obstetric ultrasound is a challenging area of practice, as the sonographer has to balance the needs of the complex clinical examination with the needs and expectations of the parents. For many parents, ultrasound scans are an opportunity to see their baby and be reassured that their pregnancy is progressing as anticipated. Others may receive unexpected news at the scan, or have heightened levels of anxiety for many reasons. Services should develop their own policy in collaboration with the local Maternity Voices Partnership (MVP), with the goal of developing co-designed, clear information. Once agreed, the policy should be made available and promoted to all maternity staff and to service users at the stages outlined below. A variety of different communication routes/formats should be used to maximise accessibility and engagement with the policy. The policy should refer to how an examination is managed if a sonographer does not give consent to being photographed or videoed by a service user while performing their clinical work.

To ensure a consistent approach to implementation, provide clarity to service users and facilitate excellent patient care, we recommend that the following points are considered at each stage of the pathway. Inconsistent application of the policy or information provision could lead to confusion and may result in complaints from service users.

### 3. Information for service users

### 3.1 Pre-examination

Provide the service user with information, co-designed with the MVP, before the appointment, explaining the policy. For example, the information could be included in material available via the pregnancy app or added within a letter to service users, explaining the policy and the reasons for this. Example content, to be adapted, is in appendix 1.

- Place a poster in the waiting areas reminding service users of the policy and the clinical importance of the NHS examination.
- Promote the policy among other antenatal care professionals, and raise awareness of why this policy is in place, to ensure consistent messaging across the care pathway.

### 3.2 On arrival in the ultrasound department

- If service users have questions relating to the policy, it is important to offer an opportunity
  to discuss these with an appropriate member of staff, who can explain the rationale for the
  policy. Confidential space should be available, away from the ultrasound room, to facilitate any
  discussion.
- All antenatal professionals should be aware of the rationale, to ensure consistent messaging and implementation of the policy.

### 3.3 In the ultrasound room

- Where a service user asks to record the examination, clear and open dialogue is essential to discuss their reasons and consider the best way to meet their needs. This may vary depending on their individual requirements. Possible options could include:
  - o Providing an audio recording of any information given as a result of the ultrasound scan findings
  - o Providing a copy of the ultrasound report and/or still images
  - o Supporting service users' understanding by providing further written information
  - o Drawing diagrams to help explain challenging concepts or unexpected findings
  - o Signposting to appropriate support organisations or to high-quality information on the internet

- If the sonographer or manager decides that the request meets their local policy, it is important to consider the following:
  - o Additional examination time should be allocated to enable set-up and to deal with any technical issues, without affecting the quality of the examination and the sonographer's concentration.
  - o The sonographer should be consulted and consent to the recording, prior to beginning the examination. Clear local policy should be in place for how this will be achieved without directly recording the sonographer.
- Policy should also provide support for staff who do not give consent to be photographed or videoed while performing their clinical work. Managers need to be trained in the support of sonographers and in appropriate interactions with service users.
- It is ultimately at the discretion of the sonographer whether to agree to any recording of the examination, in line with local guidance.

### 4. References

- 1. British Medical Association (2021). Patients recording consultations. Available at: <a href="https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/patients-recording-consultations">https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/patients-recording-consultations</a> [Accessed November 29, 2021].
- 2. National Institute for Health and Care Excellence (2012). Patient experience in adult NHS services: improving the experience of care for people using adult NHS services. Available at: <a href="https://www.nice.org.uk/guidance/cg138/chapter/1-guidance">https://www.nice.org.uk/guidance/cg138/chapter/1-guidance</a> [Accessed November 29, 2021]
- Society of Radiographers (2019). The Recording of Images and Clinical Discussions by Patients
   During Diagnostic Imaging, Interventional Procedures and Radiotherapy Treatment. Available at:
   www.sor.org [Accessed November 29, 2021].

## Appendix 1:

Suggested information to be given to women and pregnant people and partners/support people prior to the ultrasound examination. This can be adapted to suit local needs, in partnership with MVPs.

The ultrasound scans offered in the NHS, to monitor pregnancy or as part of the Fetal Anomaly Screening Programme (FASP), are important clinical examinations to check the physical structures, growth and development of your baby. Sonographers working in NHS maternity units are highly skilled health care professionals. Sonographers have a professional duty to provide a thorough examination and ensure the environment is safe for you, your partner or support person, and themselves and other staff.

NHS scans can differ to those offered in some private clinics. Many private clinics have time within the appointment specifically for sharing pictures, recording videos and/or sexing the baby. During NHS scans, many structures and organs are carefully checked to determine whether your baby is developing as expected. These checks take concentration and skill to perform, and it is important to use all the available time during the appointment to address clinical issues affecting you and your baby. Therefore, it is important to avoid any distractions that might affect the sonographer's ability to offer the best possible ultrasound examination.

An NHS screening scan is likely to be one of the most important examinations that your baby will have.

Under normal circumstances, we encourage you to bring an adult to attend the scan with you. This may be your partner or another support person. Policy may change in the event of local/national guidance to protect NHS staff and all service users from any abnormal circumstances, such as a pandemic.

As part of the NHS pregnancy scan, we can provide you with a number of things, depending on the timing of the scan.

- > The scan can include:
  - A very detailed look at your baby (20 weeks)
  - Accurate measurements of your baby and some structures within the baby, to assess health

07

### and development

- A detailed assessment of the placenta (20 weeks onwards), fluid around the baby and your womb and ovaries
- > During the appointment we can:
  - Check the blood flow to your baby, if this is clinically necessary
  - Do our best to answer any questions you have about the scan
  - Show you your baby and explain what you can see on the screen
  - Provide you with information about the scan findings and a written report
  - Date the pregnancy (first scan) or check that your baby is growing as expected (all other scans)
  - Provide an image for you to take home if your baby is in a good position
- > Please note that it can sometimes be difficult to get a good picture of your baby's face. If this happens, the sonographer will offer you the best picture available.
- > If you want to know the sex of your baby, and it is possible for us to see, we can tell you the sex of your baby verbally. We cannot guarantee 100% accuracy when giving an opinion on the sex of your baby.
- > Most scans will show the baby developing as expected. However, in a small number of cases the sonographer may have to give you unexpected or difficult news. In this situation, the sonographer will tell you as much as they can about the finding(s) and make sure you are clear on the next steps.
- > Please help us to perform a high-quality ultrasound scan:
  - We ask that you respect the staff and enable them to concentrate on this important clinical examination of your baby.
  - You should follow any safety guidance in place at the time of the scan, to protect you, your baby, staff and other people using the service.

- It is sometimes possible to tell you the sex of the baby verbally. You should not expect any 'gender reveal' type services as part of the NHS scan, such as writing the sex of your baby on paper and sealing it in an envelope.
  - The time allocated for NHS scans is not long enough to provide additional services outside of the clinical examination.
- Please do not come expecting to video during the examination. Videos can be distracting to the sonographer.
  - If the sonographer is distracted, it is harder to follow a careful, methodical approach while checking your baby's development.
  - It is also important for the sonographer to create an accurate record of the examination without interruption or distraction.
  - Sonographers can feel personally uncomfortable being videoed at work, which may affect their concentration.

We want your scan to be a safe and professional experience.

If you have any questions before the examination, please contact XXXXX or ask the sonographer.

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