



# SCoR

THE SOCIETY & COLLEGE  
OF RADIOGRAPHERS



Royal College of  
Obstetricians &  
Gynaecologists

BMUS



THE ROYAL  
COLLEGE OF  
MIDWIVES

## Obstetric ultrasound examinations during the COVID-19 pandemic

Recording of NHS examinations and the use of private ultrasound clinics: A joint statement from the Society and College of Radiographers (SCoR), the Royal College of Midwives (RCM), the Royal College of Obstetricians and Gynaecologists (RCOG) and the British Medical Ultrasound Society (BMUS).

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This joint statement provides guidance for local departments or regional teams to help inform the development of local policies which take into account the clinical situation, available facilities and capacity. Any local decisions need to apply proportionality and consider clinical judgement. It is important that individual needs and circumstances are considered and taken into account to inform decision making.

Adaptations to standard policy may be needed for those with specific needs, such as for those with previous pregnancy complications and losses, learning disabilities, significant mental or physical health conditions, hearing or sight impairments.

For those with language barriers, Public Health England advice on the use of interpreters should be followed. Where interpreters are available through virtual means, these are preferable.

It should be noted that this joint statement is an **interim** measure. Normal services will resume, when partners or companions are able to attend the examination in person.

## Executive summary

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The Society and College of Radiographers (SCoR), in collaboration with the Royal College of Midwives (RCM), the Royal College of Obstetricians and Gynaecologists (RCOG), and the British Medical Ultrasound Society (BMUS), has produced this joint statement on the recording of ultrasound examinations and the use of private ultrasound providers during the COVID-19 pandemic, to offer guidance to members, providers and service users.

The guidance within this document is to support local policy decisions in ultrasound departments and private practice, to ensure that government recommendations are met, while still providing woman-centred care within the challenging environments of the COVID-19 pandemic. All staff should work to the same local policy, to provide a consistent service to women.

The SCoR, RCOG, RCM and BMUS recognise that regional and local variations will be in place, as staffing levels allow and the pandemic develops, but support locally agreed policies such as an offer to save a short 10-30 second cine clip of the fetus to PACS at the end of selected examinations and allowing the woman to record this on their mobile phone to share with family after the examination, if facilities for this allow.

Local policy should ensure that processes are in place for circumstances when unexpected findings are discovered during the examination.

When private clinics are undertaking ultrasound examinations in pregnancy, guidance is provided on clinical examinations that are deemed important for diagnostic purposes to protect maternal health and well-being. These would need to be performed in line with UK government guidance on social distancing and Public Health England guidance on infection prevention and control.

## Background

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Ultrasound examinations carried out in early pregnancy for symptomatic women, routinely offered as part of the NHS Fetal Anomaly Screening Programme<sup>1</sup> and in high-risk pregnancies, are clinical examinations, with the primary purpose being to assess the anatomy and well-being of the embryo or fetus. These examinations are complex, requiring a high level of concentration and skill. They can also be a time of high anxiety and/or excitement for pregnant women and their families attending the scan. Under normal circumstances women often bring their partner or another companion with them to the ultrasound examination for support and to share the experience.

During the COVID-19 pandemic, the SCoR, RCOG, RCM and BMUS have received queries from their members, women's advocacy groups and members of the public concerned about the limitations on partners and companions being present during the ultrasound examination. Questions have also been raised about the role of private ultrasound clinics providing additional examinations for fetal bonding, gender, and 3D and 4D imaging. During the pandemic best practice guidance recommends performing the examination as quickly as possible<sup>2</sup>, and limiting the number of people in the ultrasound examination room, to reduce the chance of virus transmission from staff to women and vice versa<sup>3</sup>.

This joint statement from SCoR, RCM, RCOG and BMUS provides support for ultrasound departments when developing local policy and provides guidance for private providers, ultrasound practitioners and the public during these challenging times.

## 1.0 Partners' involvement in the ultrasound examination

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During the pandemic, guidance from Public Health England<sup>4</sup> on social distancing recommends reducing face-to-face contact, particularly for vulnerable groups, including those who are pregnant. RCOG guidance<sup>3</sup> recommends asking women to attend the ultrasound examination alone, when possible. The International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)<sup>5</sup> consensus statement on organisation of routine and specialist obstetric ultrasound services in the context of COVID-19 recommends that: "The number of visits should be reduced to the essential minimum and women should be advised to attend with no accompanying person to avoid virus spread." This has raised concerns among pregnant women who want their partner or other companion to be in attendance at the scan. When their partner or companion is not able to attend, pregnant women have requested that they are enabled to film or stream the entire ultrasound procedure on their mobile phones so that their partner or family members are able to be involved in the procedure.

An ultrasound scan is a clinical examination. Ultrasound practitioners (often sonographers) appreciate the important psychological and emotional aspects of a pregnancy ultrasound. While parents often find the ultrasound scan an important step in developing a sense of attachment with their unborn baby, it is important to ensure that the clinical aspect of the examination is not impeded. Existing SCoR<sup>6</sup> guidance does not advocate video recording of ultrasound scans under normal circumstances. In the current pandemic situation, when women attend alone, we do not recommend virtual attendance by partners or companions through online video calls such as FaceTime and Skype, or the filming of the examination.

There are key reasons for taking this position in relation to a woman holding a mobile phone to film the ultrasound monitor:

1. Guidance suggests aiming for the shortest possible examination times to reduce risk, as scans are often carried out in small and poorly ventilated rooms<sup>7</sup>, with the woman and sonographer in close contact. It is also important to ensure that examination times are not extended, to keep busy antenatal ultrasound clinics, where there are current staffing pressures, running as smoothly as possible.
2. Holding a mobile phone in this way leads to a taut abdomen, which makes scanning extremely difficult, if not impossible. It might also impede the ultrasound practitioner's position, making it difficult to acquire some views.
3. It is not usual practice to support filming of entire medical or diagnostic examinations. Filming an entire procedure may increase the risk of distraction for the practitioner and thus lengthen the examination procedure.

We support locally agreed policies that allow women to share their experience of the ultrasound scan with their partner (or other family members or friends), such as an offer to save a short 10–30 second cine clip of the fetus at the end of selected examinations. This could then be recorded by the woman while the scan report is being completed. Allowing a recording of the cine clip would ensure that the woman has control over their image data and can share with family after the examination.

It should be explained to women that mobile phones are vehicles for transmission of the virus, so good hygiene is needed if using their phone in this way at the end of the examination.

It is important to communicate with women and their partners in advance of the ultrasound examination and when they arrive, if necessary, to explain the nature of the examination and the impact the additional video/phone recordings would have on the scan time, sonographer concentration and the potential for more fetal abnormalities to remain undetected. Allowing the recording of a cine clip should not take additional time, particularly if this is done while the sonographer is completing the report. If a cine clip is used, it would be good practice to save this to the picture archiving and communication system (PACS) as a record of the examination.

### **1.1 Unexpected findings**

There will always be cases when unexpected findings are discovered during the examination. These cannot be prepared for; however, it would be prudent to have a local policy in place for such circumstances, to ensure the woman has the support she needs during discussions about the findings. In these circumstances, it might be appropriate to involve a partner or family member via video or telephone call (whichever the woman chooses).

## **2.0 Private providers' role during the pandemic**

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Antenatal ultrasound for clinical indications should be offered where possible in NHS maternity units. When services must be modified and scans rationed according to guidance provided separately by the RCOG<sup>3</sup>, we understand that a small number of women may turn to sonographers practising in private healthcare settings. We are also aware that some women choose to access private services for ultrasound scans regardless of the current pandemic. While many of these scans are clinically indicated, some are not. Scans that are not clinically indicated should not be considered an essential service during the current pandemic and might present additional risks to the woman, her family and sonographers of exposure to COVID-19 in the community or clinic settings.

Where antenatal ultrasound is offered in private clinics, the clinician offering the scan should consider the clinical benefit of the ultrasound compared with the risk to the woman and the sonographer of possible infection with COVID-19, should they attend a clinic setting. Any ultrasound offered is expected to be supportive to clinical practice and recommended either by national guidance or expert consensus.

Clinical indications for ultrasound that are supported by national guidance and common NHS practice include, but are not limited to:

1. Early pregnancy indications – abdominal pain, bleeding, hyperemesis gravidarum (requiring hospital day unit/ward admission), previous history of recurrent 1st trimester miscarriage, previous history of ectopic pregnancy
2. Screening\* – nuchal translucency/dating ultrasound, fetal anomaly screening
3. Clinically indicated growth scans in medium/high-risk pregnancies (3–4 weekly), to include scans for women with comorbidities (e.g. hypertension, diabetes, antiphospholipid syndrome, chronic kidney disease, epilepsy), obesity (BMI>35), previous stillbirth, previous small for gestational age baby, fetal anomalies

4. Growth scans or scans for liquor volume/Doppler flow in pregnancies with anomalies or suspected small for gestational age (frequency dependent on severity and clinical course)
5. Growth scans for multiple pregnancy (frequency dependent on chorionicity/amnionicity and any complications)
6. Cervical length screening for previous second trimester miscarriage, previous preterm birth, or previous cervical surgery.

\*Any provider, NHS or private, that offers ultrasound examinations as part of the NHS Fetal Anomaly Screening Programme (NHS FASP) must meet the National Health Service Act 2006 Section 7A public health functions commissioning guidance<sup>8</sup> and all the requirements of the service specifications No.16<sup>9</sup> and No. 17<sup>10</sup>.

NHS providers considering any subcontracting or outsourcing of screening provision must discuss this with their local public health (Section 7A) commissioning team prior to entering into any agreement or contract.

## Summary

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The guidance within this document is to support local policy decisions in ultrasound departments and private practice, to ensure that government recommendations are met, while still providing woman-centred care within the challenging environments of the COVID-19 pandemic. All staff should work to the same local policy, to provide a consistent service to women.

The SCoR, RCOG, RCM and BMUS recognise that regional and local variations will be in place, as staffing levels allow and the pandemic develops, but support the saving of a 10–30 second cine clip of the fetus to PACS at the end of the scan and allowing the woman to record this on their mobile phone to share with family after the examination, if facilities for this allow. It is recommended that good hygiene is emphasised to reduce the chance of cross-contamination due to the use of mobile phones in the clinical environment. Local policy should ensure that processes are in place for circumstances when unexpected findings are discovered during the examination and the woman would benefit from the support of a partner, family member or friend.

When private clinics are undertaking ultrasound examinations in pregnancy, guidance is provided on clinical examinations that are deemed important for diagnostic purposes to protect maternal health and well-being. These would need to be performed in line with UK government guidance on social distancing and Public Health England guidance on infection prevention and control.

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