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THE SOCIETY AND COLLEGE OF RADIOGRAPHERS

SALE OF IMAGES, DETERMINATION OF FETAL GENDER AND COMMERCIAL ASPECTS RELATED TO NHS OBSTETRIC ULTRASOUND EXAMINATIONS

The Society and College of Radiographers (SCoR) is very much aware that many prospective parents welcome the opportunity to obtain images of their developing baby and to be able to share these with their family and friends. It is also conscious that the time allowed to undertake an ultrasound scan being performed for diagnostic or screening purposes under NHS provision is limited. Adding non-essential services to the ultrasound scan increases the time required which can impact on other patients with pressing clinical needs. It can also conflict with the purpose of the examination which under NHS funded provision will be performed for a specific clinical reason, or as part of a national screening programme for fetal abnormality. Many Trusts and Health Boards are coming under increasing financial pressure and are looking for ways to generate income from ultrasound scans performed during pregnancy. This guidance sets out the SCoR position with respect to what it considers appropriate as far as the sale of images, determination of fetal gender and the growing commercialisation of these scans is concerned. It updates previous advice from the Society and College of Radiographers dating from 1995 relating to the sale of images and determining the fetal gender (Ref 1).

This guidance relates solely to NHS commissioned ultrasound examinations performed for screening or diagnostic purposes as part of a national screening programme for fetal abnormality, or other scans performed for diagnostic or monitoring purposes that are funded as part of overall NHS maternity provision and are thus free to the woman. It does not extend to ultrasound examinations performed where a scan has been requested by the woman and is outside normal NHS provision. The Society and College of Radiographers has produced a separate document giving advice regarding requests from women to record their obstetric ultrasound examinations with mobile telephones or other digital or analogue recording media. This advice is publically available in the SCoR document library at:

<http://doc-lib.sor.org/recording-images-during-diagnostic-or-screening-obstetric-ultrasound-examinations>

1) Sale of Images

The sale of thermal image photographs of the fetus to women and their partners is a long established and popular practice; some departments now offer the equivalent in a digital format.

In departments where the decision has been taken to provide these images to prospective parents there should be agreement to this amongst all members of the obstetric healthcare

team as well as the employing authority, and there must be a written procedure with which all staff are familiar.

In all circumstances clear notices should be displayed prominently to advise women and their families about whether this service is provided and the local policy relating to it. In departments that offer digital images, local policies need to take into account that images may be displayed at a later date on social networking sites, possibly without the woman's consent. Local policies should ensure that women are informed of this possibility.

If it is necessary to recover the costs of providing images from the woman, then the SCoR considers a system based on donations is preferable to a fixed fee system.

However, if an NHS Trust or Health Board decides to set a fixed fee, the SCoR recommends that it should be under £5 per thermal image or £10 per set of digital images. Many departments charge considerably less than this.

If thermal images are provided, parents should be warned that these should not be subjected to heat (e.g. laminating). The long term stability of thermal images is also not known.

The SCoR does not consider that handling money, dealing with credit/debit card transactions or issuing receipts are part of a sonographer's duties. If an employer requires that money is to be handled by the sonographer there must be clearly agreed local procedures that can be audited. The security and safety of the sonographer must also be considered if money is kept in the scanning room or has to be transferred at the end of a session.

2) Fetal Gender

The local policy with regards to determining the fetal gender should be clearly displayed in the ultrasound department and women and their partners should be advised of the policy in advance of the scan, for example, on the appointment letter.

Where local policy is to determine fetal gender, procedures should be organised so that women are able to state clearly whether or not they want to be given this information. This should ideally be prior to the commencement of the scan.

Information should be provided to the woman at the time of scan about the likely accuracy of fetal gender determination by ultrasound.

When applicable, the sex of the fetus should be recorded on the formal ultrasound report.

Where Trust or Health Board policy is not to determine the fetal sex that policy must also extend to the consideration of the situation where the woman is aware that the sonographer has identified the sex of the fetus inadvertently but policy prevents the information being relayed to the woman.

There is no requirement to determine fetal gender within the Fetal Anomaly Screening Programme (England) or the equivalent programmes in Scotland and Wales and it is not part of the 18w – 20w 6d fetal anomaly scan ‘base menu.’ (Ref 2, 3)

3) Commercial Considerations.

There have been instances brought to the attention of the SCoR where there have been proposals to charge for determining the fetal gender and/or performing a 3D/4D extension to scans requested under NHS provision. These proposals are often linked to the 18w to 20w 6d fetal anomaly scan.

The SCoR is of the view that to charge to determine fetal gender, and to add other commercial considerations into the NHS obstetric screening scans (beyond the already long established provision or sale of images discussed above) is inappropriate. These scans have a serious purpose which is to screen for and to diagnose fetal abnormality with the woman’s informed consent. Other scans requested during pregnancy within the NHS provision should only be for diagnostic or monitoring purposes related to specific maternal or fetal conditions. National Institute for Health and Clinical Excellence (NICE) guidelines do not support the routine use of ultrasound scanning after 24w of pregnancy (Ref 4).

Accordingly, the SCoR does not support the commercialisation of scans that are being funded by the NHS for screening, diagnosis or monitoring. Reference should also be made to the British Medical Ultrasound Society safety guidelines which can be found at <http://www.bmus.org/policies-guides/pg-safetystatements.asp>, these have been endorsed by the SCoR.

References:

- 1) Guidance for Obstetric and Gynaecology Ultrasound Departments. SCoR (1995)
- 2) 18w to 20w 6d Fetal Anomaly Scan National Standards and Guidance for England. (2010) NHS. Fetal Anomaly Screening Programme.
- 3) NHS Scotland Screening Programmes-Pregnancy and Newborn Screening. Fetal Anomaly and Down’s Syndrome. v2.0. Jan 2011
- 4) Antenatal Care: Routine Care for the Healthy Pregnant Woman. NICE CG 62 (2008) p37

