Introduction

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 perform an ultrasound scan for diagnostic or screening purposes under NHS provision is limited. Adding non-essential services to the ultrasound scan increases the time required which can in turn have an 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 NHS 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 sex and the growing commercialisation of these scans is concerned.

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 mother. It does not extend to ultrasound examinations performed where a scan has been requested by the mother 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 publicly available in the SCoR document library at:


Information for patients and the public on ultrasound scans including advice on obtaining an opinion of the fetal sex can be found on the NHS Choices website at:


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 could be displayed at a later date on social networking sites, possibly without the mother’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 mother, 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. Arrangements should be made for these to be dealt with by support staff or by a payment machine. When exceptional circumstances require 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. A risk assessment must be undertaken.

2. Fetal Sex

The local policy with regards to determining the fetal sex 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 sex, 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. It is the mother who consents to the ultrasound examination and hence the sonographer needs to be particularly sensitive to their wishes in this regard.

There have been instances where complaints and litigation have resulted from an incorrect report of the fetal sex being given. Information should be provided to the mother at the time of the scan about the likely accuracy of fetal sex determination by ultrasound. This will also be influenced by the gestational age at which the assessment is undertaken and departments may wish to consider the minimum gestational age at which they will report the fetal sex. It is in any event not always possible to give an opinion of the fetal sex owing to the fetus lying in a technically difficult position or to poor overall visualisation.

There is no requirement to determine fetal sex within the Fetal Anomaly Screening Programme in England or the equivalent programmes in Scotland and Wales; it is not part of the 18w – 20w 6d fetal anomaly scan ‘base menu’ 1, 2, 3. There is no Fetal Anomaly Screening Programme requirement to recall or re-book the mother if the fetal sex is not able to be identified simply owing to poor visualisation or difficult fetal position.
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 mother is aware that the sonographer has identified the sex of the fetus but policy prevents the information being relayed to the mother.

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 sex 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 sex 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 clinical purpose which is to screen for and to diagnose fetal abnormality if present, with the mother’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.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

References


Appendix

Related links:

Society and College of Radiographers’ statement on entertainment scans and Care Quality Commission advice, 2012

https://www.sor.org/news/sor-statement-entertainment-scans

Society and College of Radiographers’ document on recording images of patients during diagnostic
imaging (including screening) and radiotherapy, 2014


All links accessed 25/03/15

Publication history: 1st edition July 2011

2nd edition April 2015