Sale of Images, Determination of Fetal Gender and Commercial Aspects Related to NHS Obstetric Ultrasound Examinations

This document updates and replaces previous advice from the Society and College of Radiographers (SCoR) dating from 1995 relating to the sale of images and determining the fetal gender. Advice is also included relating to the commercial aspects of the determination of fetal gender or other scan extensions (e.g. 3D/4D) that may be suggested from time to time by NHS Trusts or Health Boards.

This document refers to NHS commissioned ultrasound examinations performed for screening or diagnostic purposes as part of the Fetal Anomaly Screening Programme (FASP, England), or other scans performed for screening, diagnostic or monitoring purposes that are funded as part of overall NHS maternity provision. This document does not extend to ultrasound examinations performed where a ‘social’ or ‘souvenir’ scan has been requested by a woman and is outside normal NHS provision. The Society and College of Radiographers has produced a separate document giving advice regarding requests to record obstetric ultrasound examinations with mobile telephones or other digital or analogue recording media. This advice can be found in the SCoR document library at:


1. Sale of Images

The provision of hard copy still images of the fetus to pregnant women and their partners is now long established practice.

In departments where the decision has been taken to provide these images there should be agreement to this between all members of the obstetric healthcare team as well as the employing authority and there must be a written protocol with which all staff are familiar.

In all circumstances clear notices should be displayed prominently to advise whether this service is provided and the local policy relating to it.

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

If a fixed fee is adopted, the SCoR recommends that it should be under £5 per image. Most departments charge considerably less than this.

The images provided may be from thermal paper photographic systems and 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 card transactions or issuing receipts are part of a sonographer’s duties. If money is to be handled by the sonographer there must be clearly agreed local procedures that can be audited. This is as much to protect the sonographer as to protect the Trust or Health Board’s income.
security and safety of the sonographer should 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 allows determination of the fetal gender, procedures should be in place
so that women are able to state clearly whether or not they want to be given this
information. Ideally this should be discussed with the woman prior to the commencement
of the scan.

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

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 a woman or her partner is aware that the
sonographer has identified the sex of the fetus inadvertently but policy prevents the
information being revealed. It should be noted that there is no requirement to determine
fetal gender within the Fetal Anomaly Screening Programme in England.

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.

There is no Fetal Anomaly Screening Programme (FASP, England) requirement to determine
the fetal gender and it is not part of the ‘base menu’², although many departments do
provide a report on this and share the information with those women who would like to
know. Scotland and Wales have similar provisions.

The SCoR is of the view that to charge for determining fetal gender and to add other
commercial considerations to the screening or clinical obstetric scans (beyond the already
long established provision for sale of still 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 during pregnancy within NHS provision should
only be performed for diagnostic or monitoring purposes related to specific maternal or
fetal conditions. NICE guidelines do not support the routine use of ultrasound scanning
after 24w of pregnancy³.

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:

3. Antenatal Care: Routine Care for the Healthy Pregnant Woman. NICE Clinical Guideline 62 March 2008 p37