

Information on the Second Trimester Anatomy Scan

The purpose of today's visit is the second trimester anatomy scan. Before the exam we would like to inform you on its possibilities and limitations.

INTRODUCTION

High-resolution ultrasound is an imaging technique that has been in existence for 50 years and that has been refined substantially during the last 20 years. When used correctly this technique is safe for the mother and the unborn child according to current scientific knowledge. During sonography the wand (transducer) is sending ultrasound waves into the womb. These ultrasound waves are reflected by skin, bone and other tissue borders, like an echo. The ultrasound machine can generate a picture out of the reflected waves.

Please notice, that any grease on your skin will also reflect the ultrasound waves and will thereby deteriorate the quality of the ultrasound image. Please do not apply any cream or oil on your abdomen in the 24 hours prior to the exam.

Reasons for the anatomy scan may lie in your history (e.g. congenital problems in your family history, medication during pregnancy, maternal age) or abnormal results of previous exams during pregnancy. Wishing to have more detailed information on the development of the unborn child may also be a reason for this exam.

OBJECTIVE OF THE ULTRASOUND SCAN

The ultrasound scan can give you a lot of valuable information on your baby and can tell you whether the uterus and the placenta are working adequately. We will check whether all visible organs and body parts of the unborn child are normally developed and of normal size, e.g. the brain, heart, kidneys, arms and legs. By measuring the blood flow in the vessels to the uterus and to the placenta we can tell whether the baby's supply of oxygen and nutrients is sufficient. Risk situations can be detected in time and can be avoided or alleviated by treating the mother, by treating the unborn in the womb or by preparing the baby's treatment after birth. In this situation it is important to decide how, where and when the baby should be born.

LIMITATIONS OF THE ULTRASOUND SCAN

Many factors determine the accuracy of the information gained from the ultrasound scan. Best results are obtained between 21 and 23 weeks of gestation. If performed earlier or later the exam may give incomplete information. Individual characteristics also play a role. A thicker abdominal wall or an unfavorable position of the child can make the exam more demanding and can limit the information that can be gained. It is important to note that a normal anatomy scan between 21 and 23 weeks of gestation cannot guarantee a normal development until birth. One reason is that some organs, like the brain, continue to develop in the second half of pregnancy.

The ultrasound specialist can usually detect 90% of all malformations that can be visualized by ultrasound. This amounts to 70–80% of all serious congenital malformations.

However, there are health conditions that cannot regularly be detected by ultrasound: chromosomal abnormalities like trisomy 21 (= Down syndrome), metabolic diseases and syndromes (= complex disorders). Chromosomal abnormalities can be detected by analyzing the chromosomes of fetal cells under the microscope. Fetal cells can be collected with an amniocentesis.

A normal anatomy scan cannot guarantee a healthy child.

PLEASE BE AWARE OF THE FOLLOWING

Most exams do not show any abnormalities. This leads to reassurance and to an undisturbed course of the pregnancy.

Sometimes we see minor changes which means that the risk for a specific health problem rises. Usually this can be clarified by additional exams like an amniocentesis or others.

Rarely we see changes which have serious consequences for the child's health. In this case we will inform you as detailed as possible and arrange consultations with other physicians like geneticists, pediatricians or pediatric surgeons. The detection of abnormalities can cause substantial anxiety and conflicts. We therefore recommend psychosocial counselling in this situation and can arrange this if you wish.

GENETIC COUNSELLING

Before the exam we will ask you whether there are persons with congenital problems or malformations in your family history. This allows us to assess your risk for having children with hereditary health problems. If we happen to find any significant history we may refer you to a geneticist for genetic counselling.

Of course you have the choice as to whether to answer the questions concerning the family history.

INFORMATION ON THE RESULT OF THE EXAM

We will explain the result of the ultrasound scan immediately after the exam to you. We will inform other persons, like your gynecologist or your partner, only with your explicit and written consent. Before the exam we will ask you whether you would rather not know certain information like the gender of the child or a small increase of the risk for specific health problems.



FD QUESTIONNAIRE

Name _____ **First name** _____

born _____

Patient Number _____

Please take some time to answer the following questions:

Address _____

Mobile Number _____

Phone Number _____

E-mail _____

Health insurance _____

Gynecologist _____

Profession _____

Reason for referral _____

General history

How tall are you? _____ cm

What was your weight **before** the pregnancy? _____ kg

What is your **present** weight? _____ kg

Do you smoke? YES NO if yes, how many _____

Do you drink alcohol? YES NO

Present pregnancy

First day of last menstrual period _____ Due date _____

Did you get pregnant with the help of fertility treatment? YES NO

If yes, which one (e.g. IVF/ICSI/insemination)? _____

If yes, did you use your own egg cells? _____

Do or did you take any medication during the pregnancy? _____

If yes, please specify. _____

Have you had a non-invasive prenatal test done? (NIPT, e.g. Praenatest, Harmony)? YES NO if yes, which test _____
result _____



Previous pregnancies

Have you had any miscarriages ?	YES	NO	if yes, how many	_____
Have you had any miscarriages after 16 weeks of gestation?	YES	NO		
Have you had any terminations of pregnancy ?	YES	NO	if yes, how many	_____
Was a health problem of the unborn child the reason for one of the terminations?	YES	NO		
Was one of the terminations performed after 16 weeks of gestation?	YES	NO		
Have you had an extrauterine pregnancy ?	YES	NO	if yes, how many	_____

Questions concerning the risk calculation for pregnancy complications

Were you pregnant previously?	YES	NO	if yes, how often	_____
Did you give birth?	YES	NO	if yes, how often	_____
Was there a chromosomal abnormality in one of your previous pregnancies?	YES	NO	if yes, which abnormality	_____
Are all children healthy?	YES	NO		

If it applies:

Vaginal deliveries between 16 and 30 weeks _____

Vaginal deliveries between 30 and 36 weeks _____

Deliveries after 37 completed weeks _____

DOB of your youngest child _____

Do you suffer from a **chronic health condition** (e.g. diabetes, hypertension, malfunction of the thyroid)?

YES NO

If yes, please specify.

Do you suffer from a **rheumatic disease** (e.g. lupus erythematosus, antiphospholipid syndrome (APS))?

YES NO

If yes, please specify.

Did you ever have **preeclampsia**?

YES NO

Did anyone in your family have preeclampsia?

YES NO

Was one of your children too small at birth?

YES NO



Please give us additional information, if you have children

Year of birth	Vaginal delivery (n) or c-section (K)	weight	Delivery before 37 weeks? If yes, which week?	Additional information you would like to provide?

Family history

In your family, are there persons with congenital problems, malformations or handicaps?

YES NO

If yes, please name the problem and the relationship:

Did anybody in your or your partners family have two or more miscarriages?

YES NO

The child's father

In the family of the child's father, are there persons with congenital problems, malformations or handicaps?

YES NO

If yes, please name the problem and the relationship:

Are you related to the child's father (e.g. cousin)?

YES NO

if yes, what is the relationship?



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Consent to the exam according to the german law for genetic diagnosis (Gendiagnostikgesetz GenDG)

I hereby confirm that I have read and understood the information on the first trimester screening	YES	NO
I want to be informed on markers that indicate chromosomal abnormalities	YES	NO
I would give birth to a child with Down syndrome	YES	NO
I wish a counselling by a geneticist if the sonogram is abnormal	YES	NO
I wish a counselling by a geneticist before the sonogram (requires a new appointment)	YES	NO
I consent that the results of the exam are given to		
my partner	YES	NO
my doctor	YES	NO



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Do you have questions or is there anything you would like to add?

Additional remarks by the doctor:

I have been informed on the upcoming exam verbally as well as in writing.

All my questions concerning the exam have been discussed and have been answered so that I could understand.
I feel well informed, do not have any additional questions and consent to the exam.

I need more time to think about the exam

I do not need more time to think about the exam

Berlin, _____

signature of the patient

Berlin, _____

signature of the doctor