

*This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.*

## OB 27 WEEKS TO TERM (OB27T)

PATIENT NAME: \_\_\_\_\_ MR#: \_\_\_\_\_  
DATE: \_\_\_\_\_ TECH INITIAL: \_\_\_\_\_ EXT: \_\_\_\_\_  
FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / SH

### **INDICATION (select all that apply):**

☐ Vaginal Bleeding ☐ No fetal heart tones ☐ Pelvic pain ☐ Gestational size/dating ☐ Advanced maternal age ☐ OTHER: \_\_\_\_\_

### **COMPARISON (select one):**

☐ No prior ultrasound. LMP of \_\_\_\_/\_\_\_\_/\_\_\_\_ gives \_\_\_\_\_ weeks \_\_\_\_ days, EDD by LMP \_\_\_\_\_.

☐ Location of earliest Ultrasound: \_\_\_\_\_

Date of 1<sup>st</sup> Ultrasound: \_\_\_\_\_

Extrapolated GA today (using clinically established EDD\*): \_\_\_\_\_

Clinically Established EDD incorporating the 1<sup>st</sup> US\*: \_\_\_\_\_

\*(Based on ACOG guidelines: 0w-14w0d= +/- 7days; 14w1d-20w0d= +/-10 days; 20w1d-27w0d= +/-14 days; 27w1d-term= +/-21days)

**TECHNIQUE** (Select all used): ☐ Transabdominal ☐ Endovaginal ☐ Translabial ☐ Color Duplex ☐ 3-Dimensional

### **FINDINGS:**

**Maternal Adnexa (choose one):** ☐ No concerning masses or free fluid ☐ ADD DICTATION: \_\_\_\_\_

**Cervix (choose one):** \_\_\_\_\_ cm in length and ☐ Closed. ☐ Open. [ADD DICTATION]

Sagittal color imaging shows no evidence of vasa previa or presenting cord.

**Fetus:** Single

**Fetal Heart Activity (choose one):** ☐ Present; fetal heart rate \_\_\_\_\_ bpm. ☐ Not Present [ADD DICTATION]

**Presentation (Choose one):** ☐ Cephalic ☐ Varied (multiple positions)

☐ Breech (\*circle one): **Complete Incomplete Footling Frank**

☐ Transverse lie (MUST circle options for the \* areas below)

\*Spine location: **up/cephalic down/caudal anterior posterior**

\*Fetal head to maternal: **right left**

☐ Other: \_\_\_\_\_

**Placenta (select one for each area):** Location: ☐ anterior ☐ posterior ☐ fundal ☐ other

Previa: ☐ Not present ☐ Present; ☐ marginal ☐ partial ☐ complete

Abruption: ☐ Not present ☐ Present; ADD DICTATION \_\_\_\_\_

### **Amniotic Fluid:**

Subjective (choose one): ☐ Normal ☐ Low ☐ High ☐ Add Dictation

Amniotic Fluid Index: \_\_\_\_\_ cm. (normal 5-25 cm)

Largest Vertical Fluid Pocket: \_\_\_\_\_ cm. (normal 2-8 cm)

AFI Percentile: ☐ 0-3<sup>rd</sup> percentile ☐ 3-5<sup>th</sup> percentile ☐ 5-50<sup>th</sup> percentile ☐ 50-95<sup>th</sup> percentile  
☐ 95-97<sup>th</sup> percentile ☐ 97<sup>th</sup> and greater percentile

PATIENT NAME: \_\_\_\_\_ MRN: \_\_\_\_\_

**Fetal Survey: (Select one)**

☐ Performed today, as allowed by fetal position, gestational age, and maternal body habitus, as detailed below.

☐ Performed Previously.

☐ Not performed.

**(ADD/ OMIT) Fetal Survey Parameters**

**(Please check all applicable boxes)**

Parameters assessed (select all appropriate):	WNL (within normal limits)	UA (unable to assess)	ABN (Abnormal)
Stomach*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidneys*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three Vessel Cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cord Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four Chamber Heart*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Ventricles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebellum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cisterna Magna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Situs (Heart and Stomach on Left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fetal Biometry:**

BPD \_\_\_\_\_ mm - \_\_\_\_\_ weeks \_\_\_\_\_ days +/- \_\_\_\_\_ days

HC \_\_\_\_\_ mm - \_\_\_\_\_ weeks \_\_\_\_\_ days +/- \_\_\_\_\_ days

AC \_\_\_\_\_ mm - \_\_\_\_\_ weeks \_\_\_\_\_ days +/- \_\_\_\_\_ days

FL \_\_\_\_\_ mm - \_\_\_\_\_ weeks \_\_\_\_\_ days +/- \_\_\_\_\_ days

HL \_\_\_\_\_ mm - \_\_\_\_\_ weeks \_\_\_\_\_ days +/- \_\_\_\_\_ days

Estimated fetal weight (Hadlock) \_\_\_\_\_ grams(\_\_\_\_lbs\_\_\_\_oz) +/- \_\_\_\_\_ grams, which is at the \_\_\_\_\_ percentile for \_\_\_\_\_ weeks \_\_\_\_\_ days, based on

☐ the clinically established EDD.

☐ today's calculated AUA, given no prior imaging has been performed.

Umbilical cord/umbilical artery S/D Ratio: \_\_\_\_\_

**IMPRESSION:** Preliminary findings/impression subject to radiologist review.

**1. GESTATIONAL DATING: (Choose one)**

☐ No prior Ultrasound. Single live fetus with a calculated averaged ultrasound age (AUA) today of \_\_\_\_\_ weeks \_\_\_\_\_ days\*; EDD (AUA) \_\_\_\_/\_\_\_\_/\_\_\_\_. Please incorporate this calculation into your algorithm for establishing the clinical EDD. (\*The standard deviation is based on the clinically established EDD using ACOG guidelines.)

☐ Single live fetus with an extrapolated gestational age, based on the clinically established EDD, giving \_\_\_\_\_ weeks \_\_\_\_\_ days\*; EDD \_\_\_\_/\_\_\_\_/\_\_\_\_. (\*The standard deviation is based on the clinically established EDD using ACOG guidelines.)

**2. PRESENTATION (Choose one):** ☐ Cephalic ☐ Varied (multiple positions)

PATIENT NAME: \_\_\_\_\_ MRN: \_\_\_\_\_

☐ Breech (\*circle one): **Complete Incomplete Footling Frank**

☐ Transverse lie (MUST circle options for the \*areas below)

\*Spine location: **up/cephalic down/caudal anterior posterior**

\*Fetal head to maternal: **right left**

☐ Other: \_\_\_\_\_

3. **PLACENTA** (select one for each area):

Location: ☐ anterior ☐ posterior ☐ fundal ☐ other

Placenta: ☐ Not present ☐ Present ; ☐ marginal ☐ partial ☐ complete

Abruption: ☐ Not present ☐ Present; ADD DICTATION \_\_\_\_\_.

4. **FETAL SURVEY** (Choose one):

☐ Performed today, as allowed by gestational age, fetal position, and maternal body habitus, as detailed above.

No concerning features identified.

☐ Performed Previously.

☐ Not performed.

5. **FETAL GROWTH**: (Choose one)

☐ No prior ultrasound to assess fetal growth. Fetal measurements and EFW, as above.

☐ EFW is at the \_\_\_\_\_ **percentile** based on the clinically established EDD.