

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

OB 12 TO <14 WEEKS TWINS (OBT1214)

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
 OTHER: _____

COMPARISON (select one):

No prior ultrasound. LMP of ____/____/____ gives _____ weeks ____ days, EDD by LMP _____.

Location of earliest Ultrasound: _____

Date of 1st Ultrasound: _____

Extrapolated GA today (using clinically established EDD*): _____

Clinically Established EDD incorporating the 1st 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]

Fetus (choose one): One Two Add dictation

Placenta (choose one):

One Shared placenta:

Location: anterior posterior fundal other ; and _____ cm from the internal os.

Two separate placentas:

TWIN A: Location: anterior posterior fundal other; and _____ cm from the internal os.

TWIN B: Location: anterior posterior fundal other; and _____ cm from the internal os.

Fetus A:

Fetal Heart Activity (choose one): Present; fetal heart rate _____ bpm. Not Present; ADD DICTATION

Presentation: varied.

Amniotic Fluid: Subjective (choose one): Normal Low High Add Dictation

Gestational Age (choose one):

FETAL CRL is _____ mm-_____ weeks _____ days,+/- _____ days

FETAL BIOMETRY:

BPD _____ mm - _____ weeks _____ days, +/- _____ days

HC _____ mm - _____ weeks _____ days, +/- _____ days

AC _____ mm - _____ weeks _____ days, +/- _____ days

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PATIENT NAME: _____ MRN: _____

Fetus B:

Fetal Heart Activity (**choose one**): Present; fetal heart rate _____ bpm. Not Present; ADD DICTATION
Presentation: varied.

Amniotic Fluid: Subjective (**choose one**): Normal Low High Add Dictation

Gestational Age (**choose one**):

Fetal CRL is _____ mm- _____ weeks _____ days, +/- _____ days

FETAL BIOMETRY:

BPD _____ mm - _____ weeks _____ days, +/- _____ days

HC _____ mm - _____ weeks _____ days, +/- _____ days

AC _____ mm - _____ weeks _____ days, +/- _____ days

Fetal Survey: Not performed. The fetuses will be optimal gestational age for a complete fetal survey (20 weeks) as of ____/____/____.

IMPRESSION: Preliminary findings/impression subject to radiologist review.

1. TWIN GESTATIONAL DATING (choose one):

No prior Ultrasound. Twin live pregnancy 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.)

Twin live pregnancy 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. PLACENTAL LOCALIZATION (Choose one):

One Shared placenta:

Location: anterior posterior fundal other; and _____ cm from the internal os.

Two separate placentas:

TWIN A: Location: anterior posterior fundal other; and _____ cm from the internal os.

TWIN B: Location: anterior posterior fundal other; and _____ cm from the internal os.

3. CHORIONICITY/AMNIONICITY DETERMINATION (choose one):

Monochorionic/Monoamniotic

Monochorionic/Diamniotic

Diamniotic/Dichorionic

ADD DICTATION

4. FETAL SURVEY: Not performed. Please schedule a complete fetal survey between 18 and 22 weeks gestation, if you feel this is necessary. The fetuses will be optimal gestational age for a complete fetal survey (20 weeks) as of ____/____/____.