

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

OB 14 TO <18 WEEKS TWINS (OBT1418)

PATIENT NAME: _____ MR#: _____

DATE: _____ TECH INITIAL: _____ EXT: _____

FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / SH

INDICATION (check 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 ☐ 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 (choose one): ☐ Cephalic ☐ Varied (multiple positions)

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

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

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

☐ Other: _____

Amniotic Fluid (choose one): Subjective: ☐ Normal ☐ Low ☐ High ☐ ADD DICTATION _____

Largest Vertical Pocket (normal 2-8cm): _____cm

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

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Fetus B:

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)
 *Fetal head to maternal: **right left**
☐ Other: _____

Amniotic Fluid (choose one): Subjective: ☐ Normal ☐ Low ☐ High ☐ ADD DICTATION _____
Largest Vertical Pocket (normal 2-8cm): _____ cm

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

Fetal Survey: Not performed. A complete fetal survey could be performed between 18 and 22 weeks gestation, if you feel this is necessary. The pregnancy 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

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