

# Obstetric Ultrasound Reporting: How The Expert Can Support You

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# What does the expert do?

- Instructed either by:
  - the Plaintiff - the parent(s) or affected child
  - the Defendant - the Trust
- Gives personal opinion on whether or not the ultrasound care provided was to the standard expected from a reasonably competent sonographer working to the local and national standards of the time
- Opinion based on evidence provided by the written ultrasound reports, their accompanying images & local & national guidelines in place at the time of the pregnancy
- The report is for the Court, not for the instructing party

# What is 'reasonable competence'?

Consider three components of the examination:

1. The report

2. Images

3. Measurements

- Was the standard of one or more of the above associated with the adverse pregnancy outcome?
- In legal terms, was the ultrasound standard reached:
  - a) a breach of duty?
  - b) linked to causation?

# What is 'reasonable competence'?

- Case 1 – missing right radius, ulna & hand
- Case 2 – significant brain abnormalities including ACC with absent CSP\*
- Case 3 – severe neurological deficit due to prolonged labour\*

\* *claim potentially worth £1 million+*

# 'Reasonably Competent' Obstetric Scan Report

## The scan report:

- states reason for scan
- works to USEDD assigned at '12 week' scan
- includes appropriate measurements taken correctly
- lists fetal anatomy, amniotic fluid, placental site assessed correctly & appropriately for the clinical question(s) posed
- interprets & records findings correctly
- reports findings relative to the question posed(s), together with any other clinically relevant matters

# Case 1 – guidance at 12 & 20 wks

## Local guidance for 12 week scan

if fetal position allows, confirm:

- skull/brain, stomach, abdominal wall, hands, feet

## FASP guidance for anomaly scan

confirm normal appearance of:

- radius, ulna & hand (both arms)
- metacarpals (both hands)

Expert's statement:

I interpret 'normal' to indicate that the sonographer has assessed that part of the anatomy as being normal in position, appearance & size to the standard recommended by FASP

# Case 1 – the report

## 12 week scan

- Report states 'hands seen'
- No images showing one or both arms
- Momento images – none showing both arms

## Anomaly scan

- Report states 'upper limbs normal'
- Only limb image – measured FL
- Momento images – none showing both arms

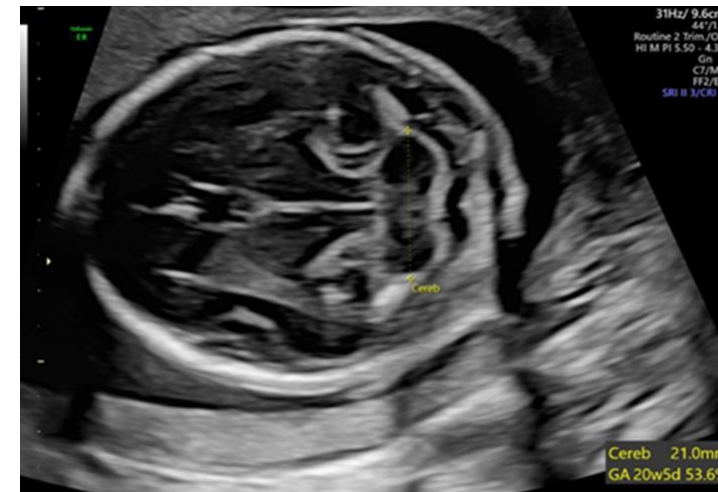
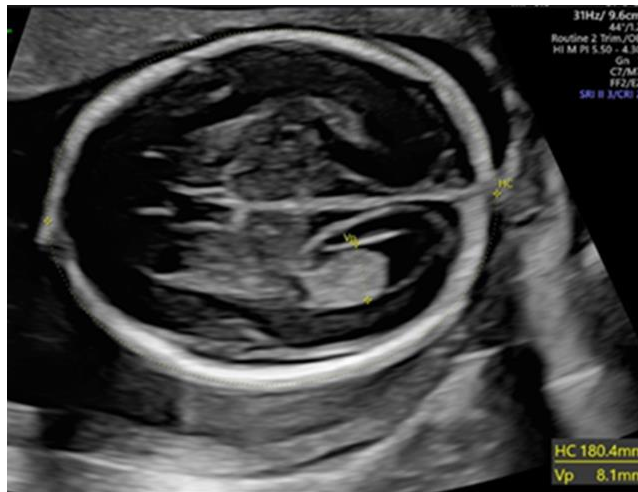
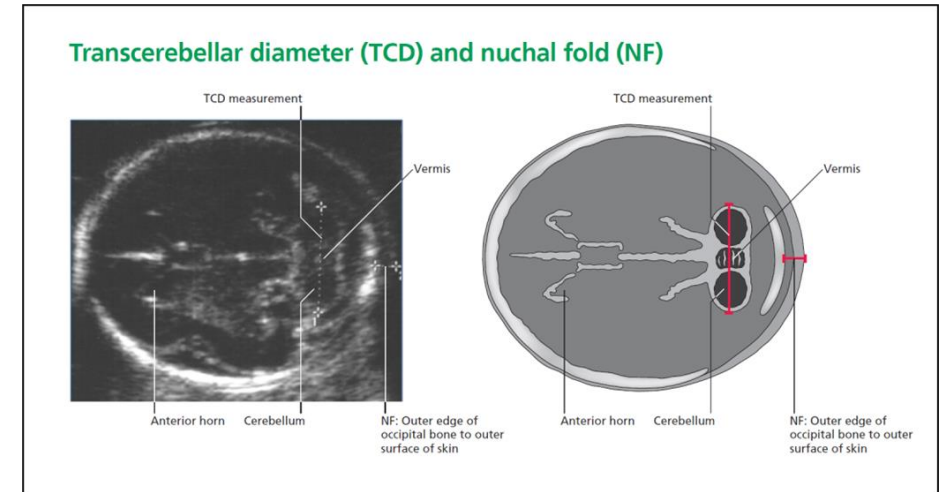
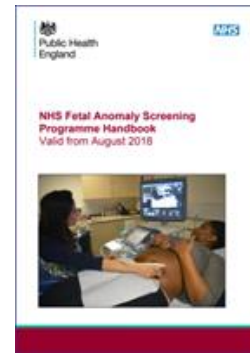
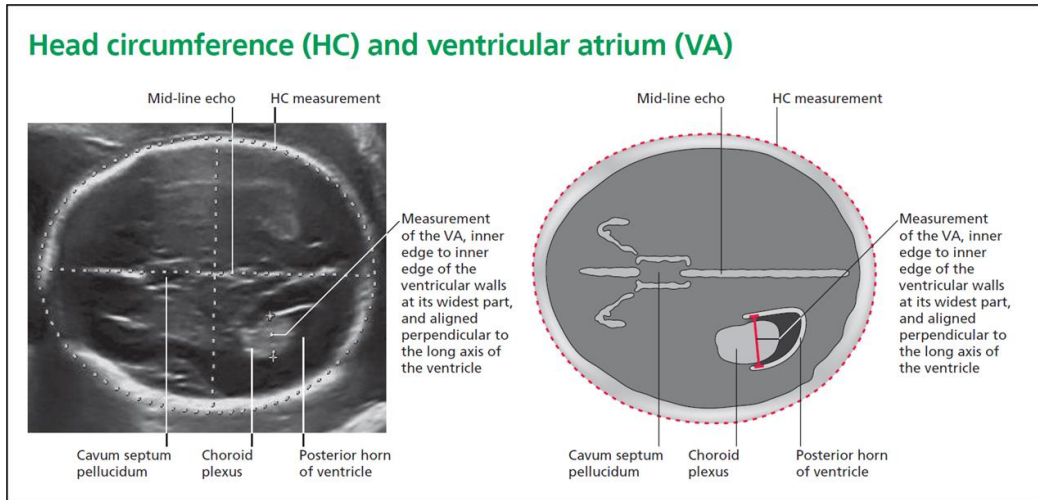
# Case 1 – expert opinion (missing right radius, ulna & hand)

- No requirement to save images of arms or hands at either scan
- As right hand would have been absent at 12 weeks, reporting both hands as present fell below local standard
- As radius, ulna & metacarpals of right hand would have been absent at 20 weeks, reporting both upper limbs as normal fell below the standard expected of a reasonably competent sonographer working to FASP recommendations
- Identifying the missing radius & ulna required referral to Fetal Medicine
- This was not done, removing opportunity for further investigations & timely management (causative)



# Images

FASP requires storage of 6 specific images at routine anomaly scan, including:



# Case 2 - routine anomaly scan

Date	20 September 2020
Indication	US Obs Fetal Anatomy Scan
Gest. age	20+3 based on USEDD of 02 Feb 2021
View	Limited due to increased maternal BMI
HC	175.5mm
AC	146.0mm
FL	32.0mm
Placenta	anterior; not low
Fluid	normal
Diagnosis	Normal findings
Operator	SS, Sonographer

**The following were visualised & appeared normal**

Skull

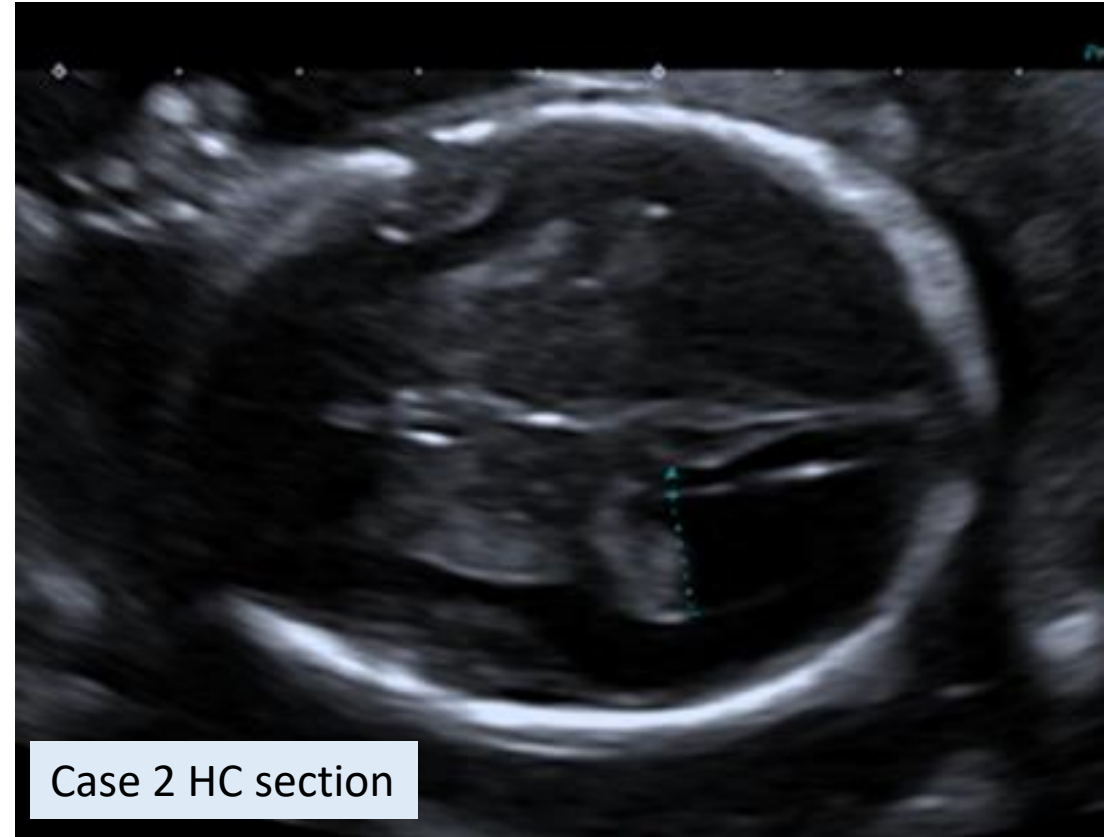
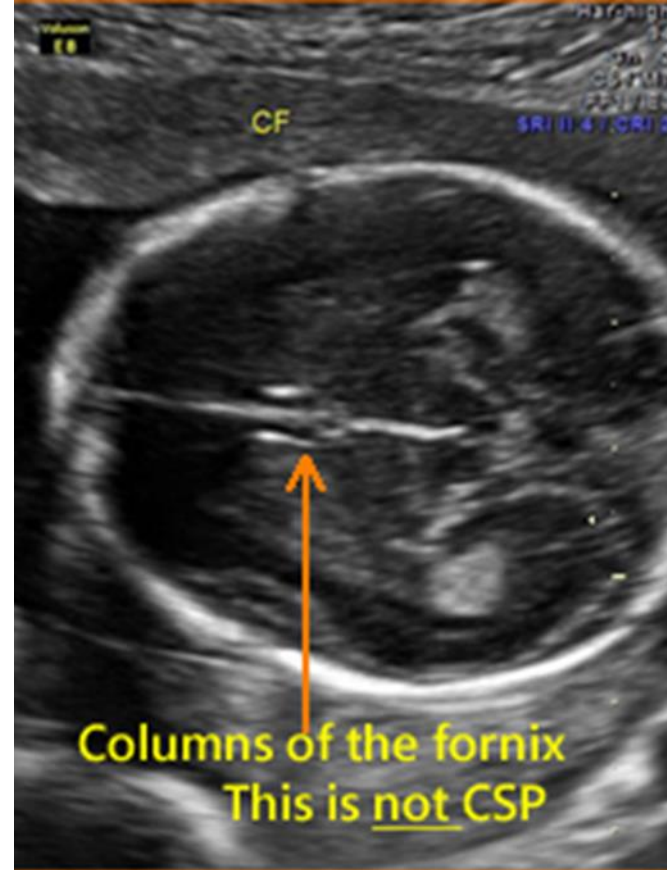
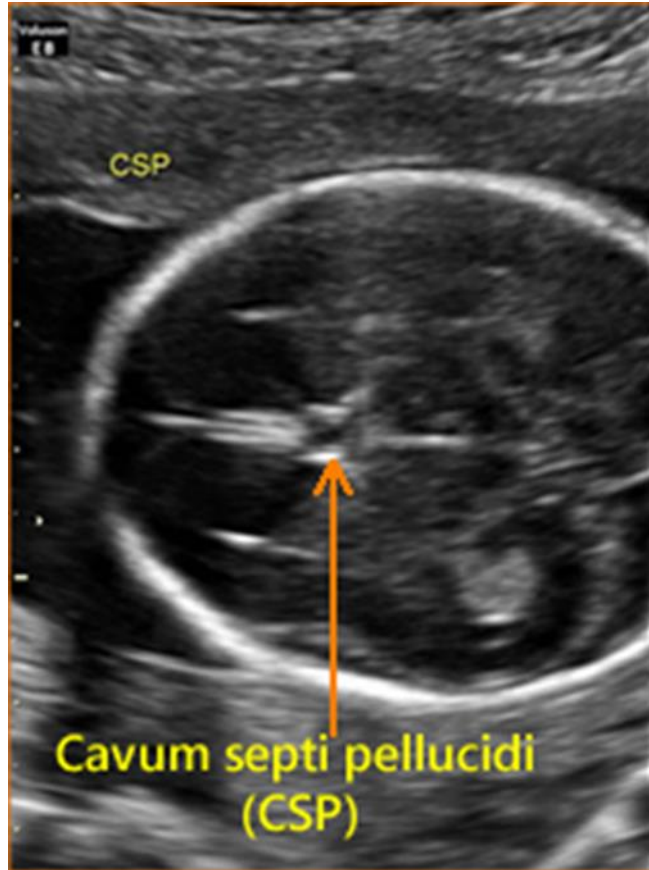
Brain

etc

Not every abnormality can be detected at the anomaly scan. This means that some babies can be born with abnormalities although the scan findings were normal.

Images indicate that the Vp & TCD were measured (& were normal) but their measurements were not included in the report

## Case 2 – HC & TCD images



TCD image shows columns of fornix & not CSP

## Case 2 – expert opinion

(significant brain abnormalities including ACC with absent CSP)

- Imaging of fetal brain, as assessed from saved images, fell below FASP standard
- Failing to include Vp & TCD measurements in report did not follow national guidance - fell below standard but not causative
- ACC & absent CSP diagnosed postnatally - the CSP would not have been present at 20 weeks
- Reporting the brain as normal fell below the standard expected of a reasonably competent sonographer working to FASP recommendations
- Failing to demonstrate presence of CSP required referral to Fetal Medicine
- This was not done, removing opportunity for further & timely investigations (causative)

# Measurements

1. Three separate sections should be obtained, measured & stored
2. Reported measurement should be obtained from the correct caliper placement of the image which best describes the criteria for that section
3. HC, AC & FL should be measured, plotted on their appropriate Chitty size charts & reported at every growth scan, irrespective of whether or not customised EFW charts are also used
4. The EFW should be calculated, plotted & reported at every growth scan

*Professional Guidance for Fetal Growth Scans Performed After 23 weeks of Gestation.*

*BMUS, January 2022*

## Case 3 - 32 week growth scan

- Three measured AC images – 298.4mm, 275.6mm, 302.6mm

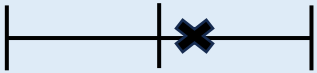


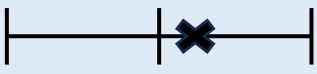
### Report:

1. AC 298.2mm – i.e. average of all three measurements
2. EFW based on averages for HC (3 images) & AC + one FL
3. No size charts included

# Case 1 - 32 week growth scan

- Three measured AC images – 298.4mm, 275.6mm, 302.6mm
- (Expert opinion – 302.6mm should have been reported)

## Report:

HC 300.0mm	60%		Chitty
AC 298.2mm	>99%		Chitty
FL 61.0mm	50%		Chitty
EFW 2150g	60%		Hadlock
See customised growth chart for growth			

## Case 3 – expert opinion (severe neurological deficit due to prolonged labour)

- Reporting average measurements – not following national guidance, fell below standard but not causative
- Reported AC fell outside normal range
- Abnormal measurements require referral to Fetal Medicine
- This was not done, removing opportunity for timely clinical review & management of delivery (causative)
- Standard fell below that expected of a reasonably competent sonographer performing a routine growth scan



# Thoughts to take away

It is perfectly reasonable:

- for every pregnant woman to expect, & assume, that her scan has been performed to the required standard
- to expect, and assume, that every qualified sonographer scans, images & reports the examinations they perform to the required standard
- that the examination(s) we have performed should be reviewed when a pregnancy ends in an adverse outcome
- for the expert's opinion to be based on the findings as recorded in the medical records
- to assume that the images taken by a 'reasonably competent' sonographer will support the accurate, intelligent & appropriate interpretations provided by their reports

don't just do  
- think, know & do

Thank you for your attention