Section 88 Clinical Indications

Please ensure the following two letter codes are used for pregnancy scans

Threatened abortion Scan at time of bleeding. Serial scans may be necessary if bleeding persists. E.g. Previous tubal surgery, PID or ectopic. Suggestive symptoms (e.g. abdominal pain). PM Pelvic mass in early pregnancy UD Uterus not equal to dates Any palpable abnormality in early pregnancy. When unsure dates. When unsure dates. When unsure dates. Translucency Consideration of termination Nuchal translucency assessment at 11-13+6 weeks, assessment for gestational age, diagnosis of multiple pregnancy. In cases where the first scan was technically unsuccessful. Anatomy Scan to confirm dates, assess foetal anatomy and placental position. Performed at 18-20 weeks ideally. AFA Anatomy follow up In cases where the first scan was technically unsuccessful. Clinical suspicion of abnormal growth of foetus (IUGR or macrosomia) or abnormal volume of amniotic fluid. To assess growth trend (2 weeks after GR scan). Clinical suspicion of abnormal growth of foetus (IUGR or macrosomia) or abnormal volume of amniotic fluid. To assess growth trend (2 weeks after GR scan). Check placenta To check placental site at around 36 weeks. AHA Antepartum haemorrhage Bleeding in pregnancy. If serial scans are required refer to secondary maternity services. APA Abdominal pain Abdominal pain Abdominal pain Abdominal pain For suspected retained products or postpartum bleeding.	Code	Clinical Indication	Comment
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PP Maternal postpartum For suspected retained products or postpartum bleeding.	FD		
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