

Section 88 Clinical Indications

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

Code	Clinical Indication	Comment
TA	Threatened abortion	Scan at time of bleeding. Serial scans may be necessary if bleeding persists.
EP	Suspected ectopic pregnancy	E.g. Previous tubal surgery, PID or ectopic. Suggestive symptoms (e.g. abdominal pain).
PM	Pelvic mass in early pregnancy	Any palpable abnormality in early pregnancy.
UD	Uterus not equal to dates	If discrepancy > 4 weeks, or discrepancy in amniotic fluid.
BA	Prior to booking CVS or amniocentesis or Nuchal Translucency	When unsure dates.
CT	Consideration of termination	
NT	Dating and early evaluation for chromosomal abnormality	Nuchal translucency assessment at 11-13+6 weeks, assessment for gestational age, diagnosis of multiple pregnancy.
NF	Early evaluation for chromosomal abnormality follow up	In cases where the first scan was technically unsuccessful.
AN	Anatomy	Scan to confirm dates, assess foetal anatomy and placental position. Performed at 18-20 weeks ideally.
AF	Anatomy follow up	In cases where the first scan was technically unsuccessful.
GR	Suspected growth abnormality (IUGR or macrosomia)	Clinical suspicion of abnormal growth of foetus (IUGR or macrosomia) or abnormal volume of amniotic fluid.
GF	Suspected growth abnormality (IUGR or macrosomia) follow up	To assess growth trend (2 weeks after GR scan).
PL	Check placenta	To check placental site at around 36 weeks.
AH	Antepartum haemorrhage	Bleeding in pregnancy. If serial scans are required refer to secondary maternity services.
AP	Abdominal pain	Abdominal pain in pregnancy.
MP	Malpresentation	To assess foetal position and size after 26 weeks.
FC	Suspected foetal compromise	Significant reduction in foetal movements.
FD	Suspected intrauterine foetal death	
PP	Maternal postpartum	For suspected retained products or postpartum bleeding.