

# Kofinas Perinatal

Providing Care to the Unborn ®

## GUIDELINES FOR TARGETED FETAL ANATOMICAL EVALUATION (LEVEL II ULTRASOUND)

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□ **The indications for Targeted (Level II) ultrasound include, but are not limited to:**

- Suspected fetal anomaly during a level I examination
- Severe IUGR
- Maternal diabetes mellitus (insulin-dependent only; gestational diabetics are not at higher risk for cardiac defects and there is no need for fetal echo)
- Abnormal maternal-serum screening
- Elevated amniotic fluid AFP and/or positive acetylcholinesterase
- Oligohydramnios
- Polyhydramnios
- Two-vessel umbilical cord in Basic (Level I) ultrasound examination (the indication for the level II ultrasound should be “Suspected fetal anomaly”)
- Multiple pregnancy
- History of a genetic disorder (in either parent, previous child or first degree relative) which has increased risk of recurrence and can be diagnosed in utero by ultrasound (genetic counselling should be offered prior to the ultrasound)
- Fetal cardiac arrhythmia
  - ✓ confirmation of the arrhythmia
  - ✓ fetal echo to r/o cardiac structural defects when arrhythmia is confirmed
- First trimester exposure to drugs or chemicals (i.e. Dilantin, alcohol, oral contraceptives, etc.)
- History of fetal demise of undetermined etiology

**Please note the following:**

1. *The best time in pregnancy to perform Level II imaging is between 21 and 23 weeks. However, if abortion is an option for the patient in case of anomalies, schedule the study at 20 – 22 weeks in order to allow time for additional studies as indicated.*
2. *In cases of exposure to chemicals consult with genetics and / or schedule the patient for genetic counselling prior to ultrasound.*
3. *Make appointments as early as possible (4-5) weeks in advance.*