UNC SCHOOL OF MEDICINE

Indications for a targeted / comprehensive ultrasound (76811):

1. Previous fetus or child with a congenital, genetic or chromosomal abnormality

2. Known or suspected fetal anomaly in the current pregnancy (either on previous outside ultrasound or current ultrasound)

3. Known fetal growth disorder in the current pregnancy

4. Fetus at increased risk for a congenital anomaly

a. First trimester NT >3 mm in first trimester
b. Maternal genetic disorder- such as PKU, Ehlers-Danlos and neurofibromatosis
c. Maternal morbid obesity (BMI >40)
d. Multiple gestation
e. Maternal chronic diseases, including: hyperthyroidism, seizure disorder, type I diabetes, type II diabetes, SLE (Lupus) or other systemic rheumatologic disease.
f. Family history of congenital anomaly or genetic condition (1^{st}, 2^{nd} or 3^{rd} degree relative(s) to fetus)
g. Maternal drug exposure- such as alcohol, depakote, phenytoin, lamictal, antidepressants
h. Other teratogen exposure
i. History of previous 2nd or 3rd trimester IUFD
j. In vitro fertilization (IVF) conception

4. Fetus at increased risk for a genetic or chromosomal abnormality

a. Maternal age $\geq$35 years old at delivery
b. Parental carrier of a chromosomal or genetic abnormality
c. Abnormal maternal serum screening or abnormal NIPT/cell free DNA screening

d. Soft aneuploidy marker noted on ultrasound
    (1) Presence of fetal echogenic bowel or choroid plexus cyst or echogenic intracardiac focus
    (2) Nuchal thickness >5 mm in the 2nd trimester (<22 weeks)
    (3) Presence of fetal 2 vessel umbilical cord
    (4) Shortened fetal femur or humerus (<10%)
    (5) Presence of fetal renal abnormality- such as pyelectasis, hydronephrosis, ureteral dilation

5. Other conditions affecting the Fetus

a. Suspected congenital infections: maternal viral/TORCH infection exposure- such as CMV, toxoplasmosis, parvovirus and varicella
b. Isoimmunization- such as Rh disease, Kell antibodies, etc.
c. Oligohydramnios or anyhydramnios
d. Polyhydramnios

Revised: 10/09/2014

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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