How to perform Routine Anomaly Scan 2008

WC Leung 梁永昌

MBBS, FRCOG, FHKAM(O&G), Cert RCOG (Maternal and Fetal Med)

Consultant Obstetrician

Department of Obstetrics & Gynaecology, Kwong Wah Hospital, HKSAR

Honorary Clinical Associate Professor

Department of Obstetrics & Gynaecology, University of Hong Kong

Ultrasound Screening

RCOG Working Party 2000

The twenty week anomaly scan is to reassure the woman that her baby appears to have no obvious structural abnormalities. Lack of explicitness about which structures have been examined may lead to confusion. The literature provides a range of detection rates and therefore individual units should provide their own figures to inform women undergoing the "20 week" scan.

The value of identifying fetal abnormalities at this stage is that it offers parents options. Some, probably the majority, for serious lesions, will elect to terminate the pregnancy. Those couples who choose to continue the pregnancy have the opportunity to prepare themselves through discussions with health care personnel and self-help groups, whilst attendants can ensure appropriate care during pregnancy and following delivery.

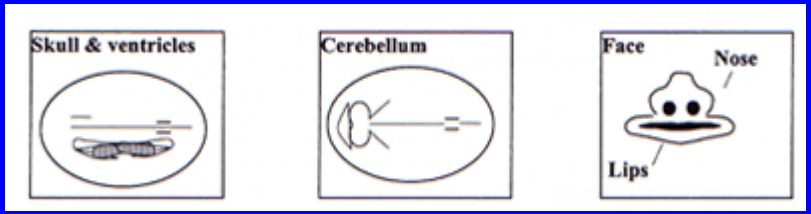
Ultrasound Screening

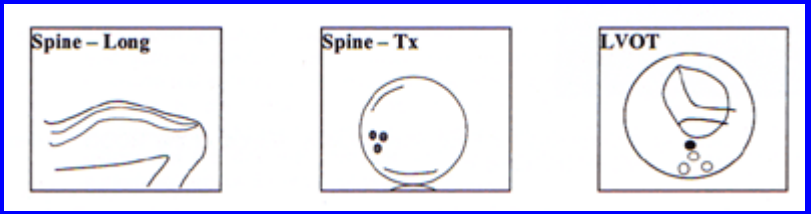
RCOG Working Party 2000

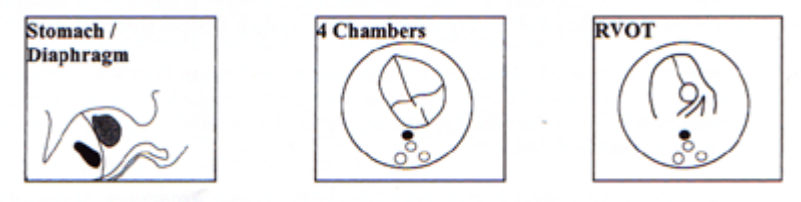
Head shape + internal structures, cavum pellucidum, cerebellum, ventricular size at atrium (<10 mm)
Face & lips
Spine: longitudinal and transverse
Abdominal shape and content at level of stomach
Abdominal shape and content at level of kidneys and umbilicus
Renal pelvis (<5 mm AP measurement)
Longitudinal axis - abdominal-thoracic appearance (diaphragm/bladder)
Thorax at level of 4 chamber cardiac view
Cardiac outflow tracts
Arms - three bones and hand (not counting fingers)
Legs - three bones and foot (not counting toes)

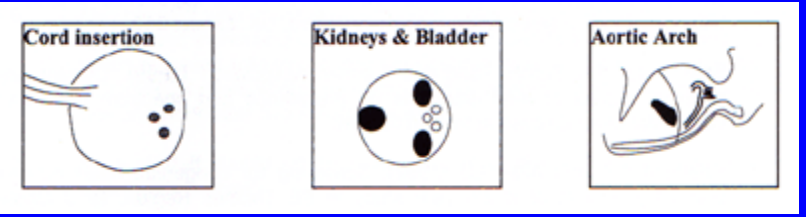
Ultrasound Screening

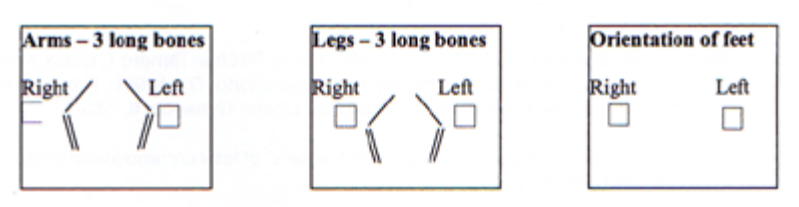
RCOG Working Party 2000











Ultrasound Screening

RCOG Working Party 2000

Fetal anomalies	Chance of being detected by USG
Spina bifida	90%
Anencephaly	99%
Hydrocephalus	60%
Major congenital heart problems	25%
Diaphragmatic hernia	60%
Exomphalos/ Gastroschisis	90%
Major kidney problems	85%
Major limb abnormalities	90%
Cerebral palsy	0%
Autism	0%
Down syndrome	40%

Head shape + internal structures, cavum pellucidum, cerebellum, ventricular size at atrium (<10 mm)

Face & lips

Spine: longitudinal and transverse

Abdominal shape and content at level of stomach

Abdominal shape and content at level of kidneys and umbilicus
Renal pelvis (<5 mm AP measurement)

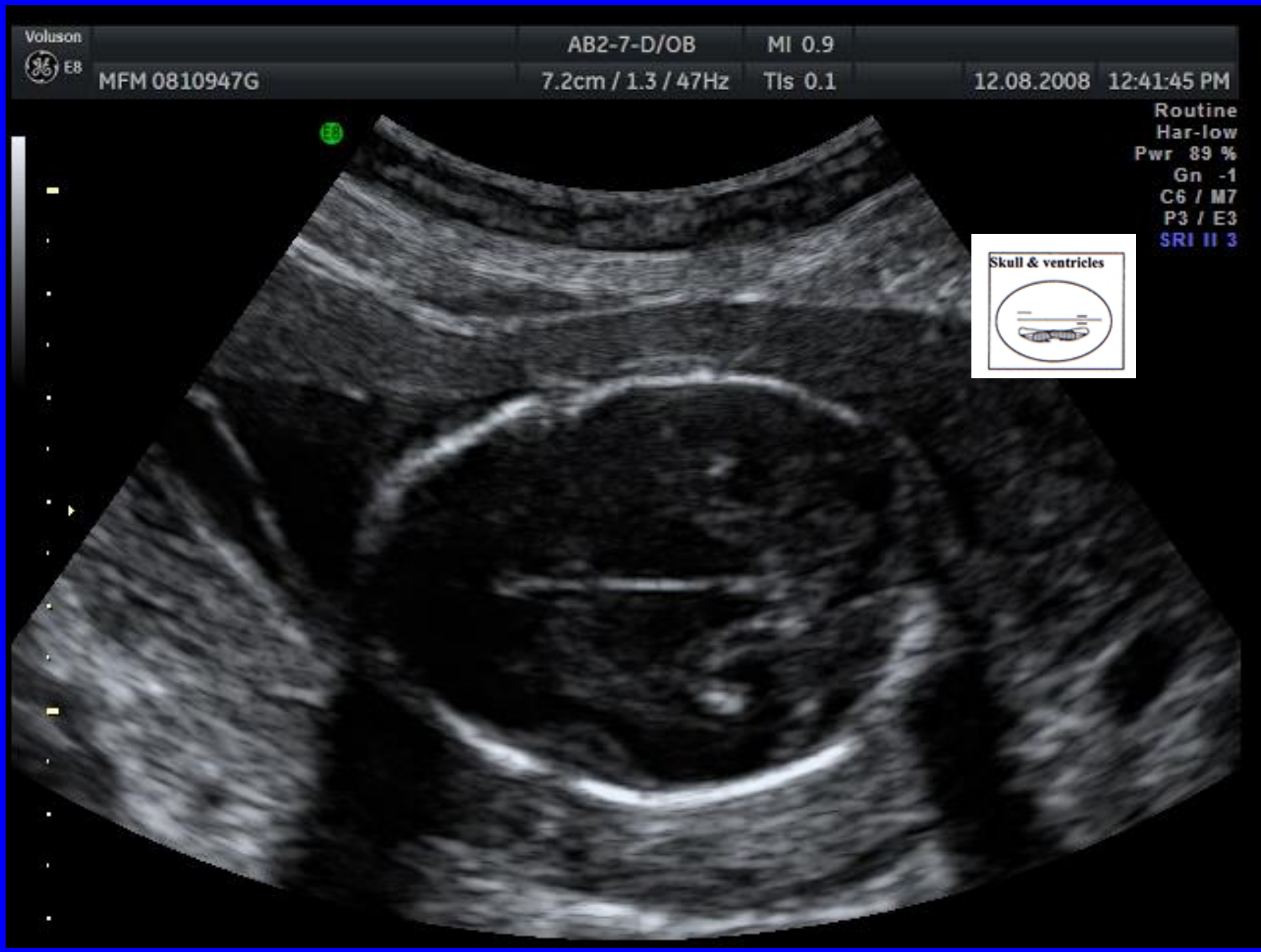
Longitudinal axis - abdominal-thoracic appearance (diaphragm/bladder)

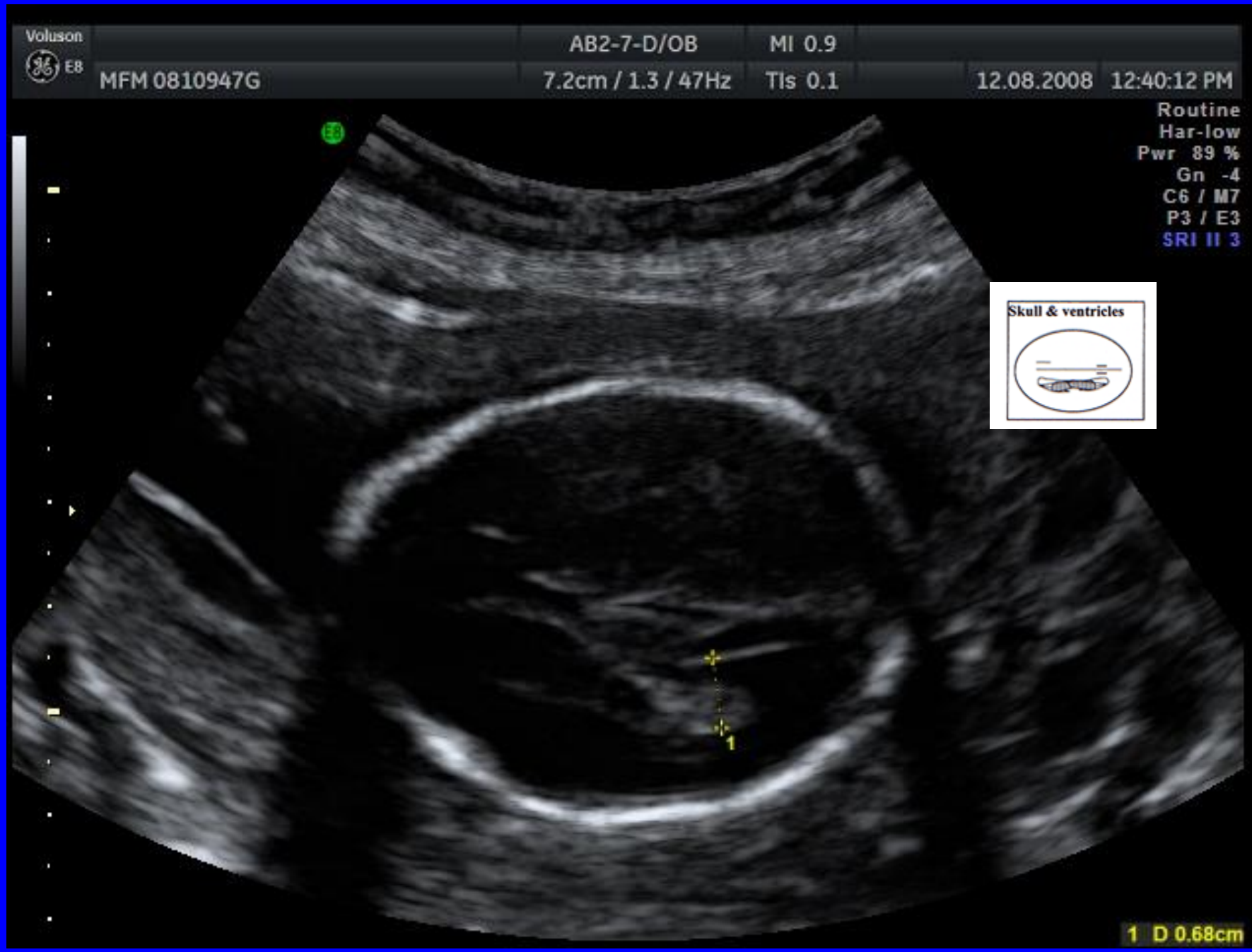
Thorax at level of 4 chamber cardiac view

Cardiac outflow tracts

Arms - three bones and hand (not counting fingers)

Legs - three bones and foot (not counting toes)


Voluson
E8
AB2-7-D/OB
MI 0.9
MFM 0810947G
7.2cm / 1.3 / 47Hz
TIs 0.1
12.08.2008
12:41:45 PM
Routine
Har-low
Pwr 89 %
Gn -1
C6 / M7
P3 / E3
SRI II 3
Skull & ventricles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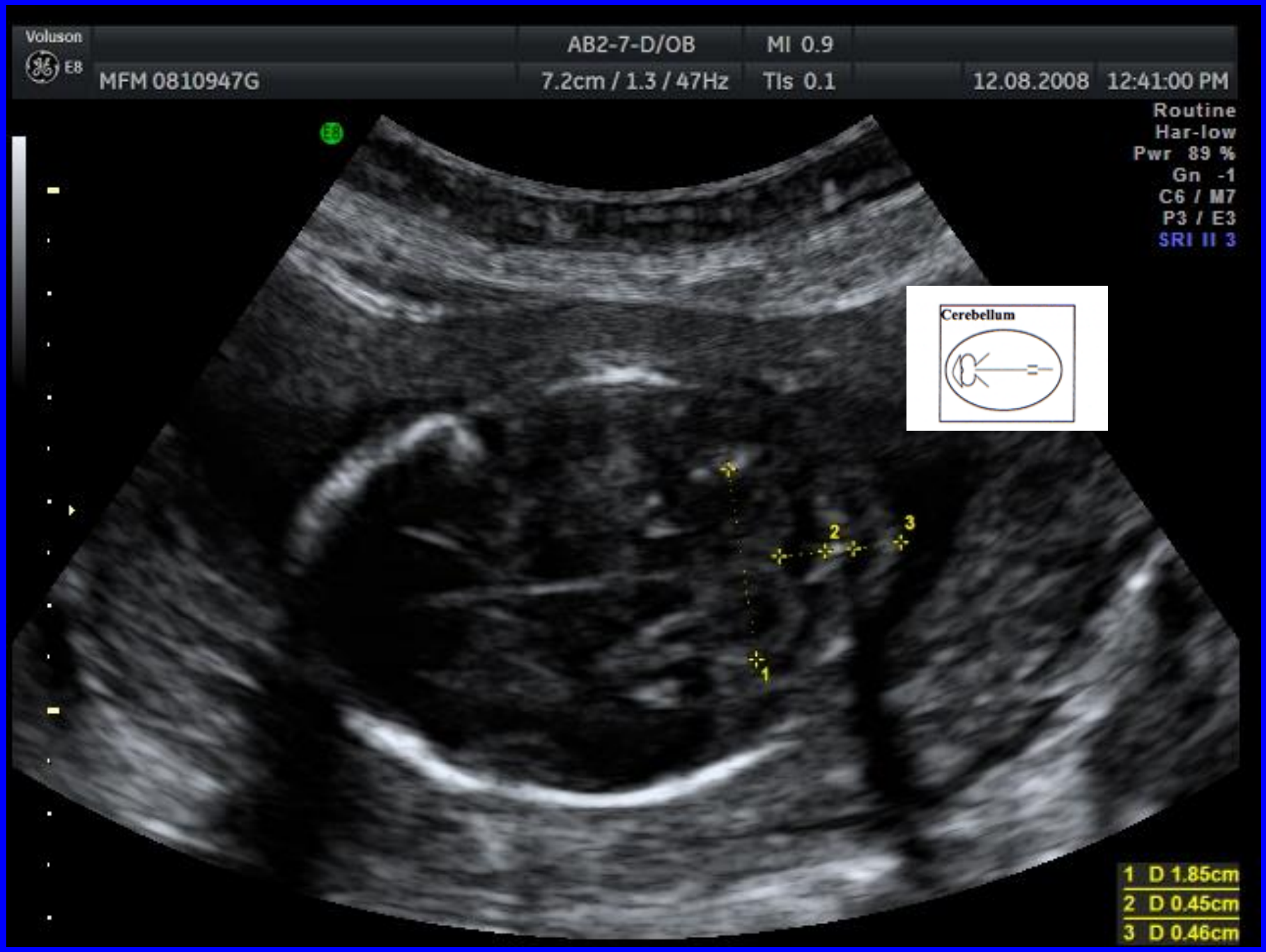
7.2cm / 1.3 / 47Hz
MI 0.9
TIs 0.1
12.08.2008
12:40:12 PM
Routine
Har-low
Pwr 89 %
Gn -4
C6 / M7
P3 / E3
SRI II 3
Skull & ventricles
1
1 D 0.68cm


Voluson
E8
AB2-7-D/OB
MI 0.9
MFM 0810947G
7.2cm / 1.3 / 47Hz
TIs 0.1
12.08.2008
12:41:00 PM
Routine
Har-low
Pwr 89 %
Gn -1
C6 / M7
P3 / E3
SRI II 3
Cerebellum
1
2
3
1 D 1.85cm
2 D 0.45cm
3 D 0.46cm

Head shape + internal structures, cavum pellucidum, cerebellum, ventricular size at atrium (<10 mm)

Face & lips

Spine: longitudinal and transverse

Abdominal shape and content at level of stomach

Abdominal shape and content at level of kidneys and umbilicus
Renal pelvis (<5 mm AP measurement)

Longitudinal axis - abdominal-thoracic appearance (diaphragm/bladder)

Thorax at level of 4 chamber cardiac view

Cardiac outflow tracts

Arms - three bones and hand (not counting fingers)

Legs - three bones and foot (not counting toes)

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM-0610898H
8.8cm / 1.6 / 58Hz
TIs 0.1
14.08.2008 03:14:38 PM
Routine
Har-low
Pwr 92 %
Gn 4
C6 / M7
E3
SRI II 3 / CRI 1
Face
Nose
Lips

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM0811016P
8.8cm / 1.5 / 42Hz
TIs 0.1
12.08.2008
01:23:41 PM
Routine
Har-low
Pwr 92 %
Gn -2
C6 / M7
P3 / E3
SRI II 3

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM0811170F
10.4cm / 1.7 / 53Hz
TIs 0.1
14.08.2008
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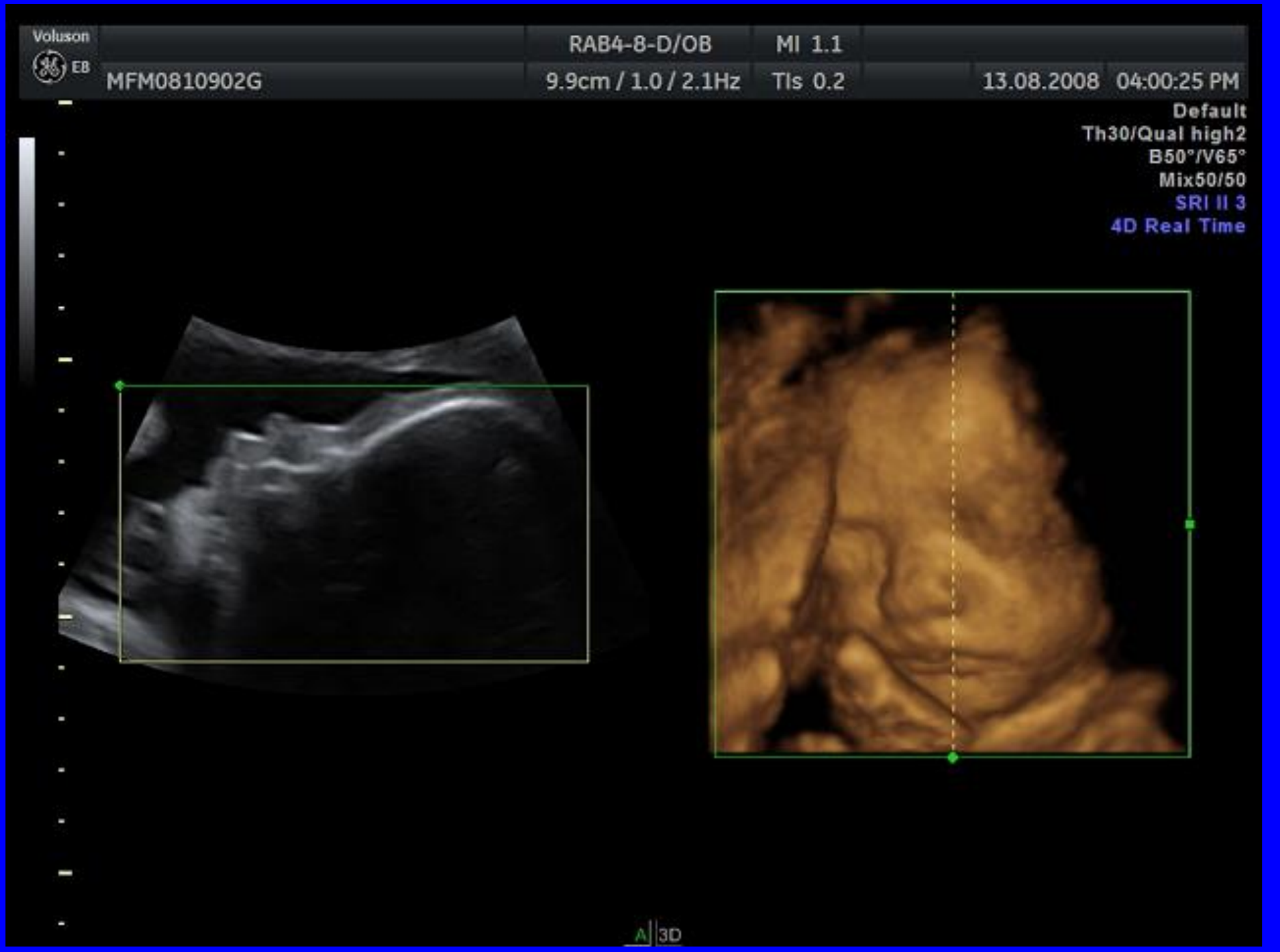
Routine
Har-low
Pwr 92 %
Gn 4
C6 / M7
E3
SRI II 3 / CRI 1
1
1 D 0.71cm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EB
RAB4-8-D/OB
MI 1.1
MFM0810902G
9.9cm / 1.0 / 2.1Hz
TIs 0.2
13.08.2008
04:00:25 PM
Default
Th30/Qual high2
B50°/V65°
Mix50/50
SRI II 3
4D Real Time
A
3D

Head shape + internal structures, cavum pellucidum, cerebellum, ventricular size at atrium (<10 mm)

Face & lips

Spine: longitudinal and transverse

Abdominal shape and content at level of stomach

Abdominal shape and content at level of kidneys and umbilicus
Renal pelvis (<5 mm AP measurement)

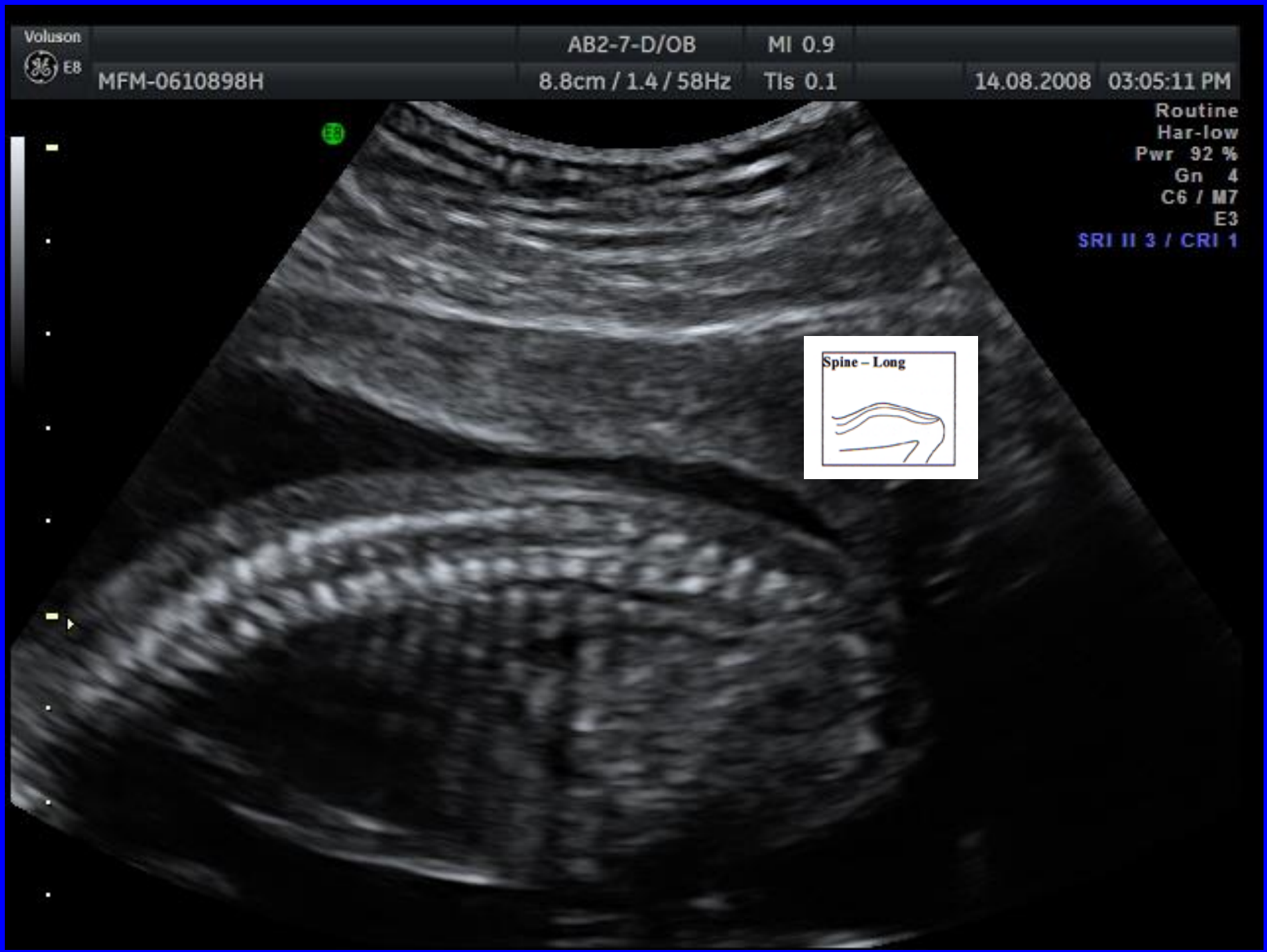
Longitudinal axis - abdominal-thoracic appearance (diaphragm/bladder)

Thorax at level of 4 chamber cardiac view

Cardiac outflow tracts

Arms - three bones and hand (not counting fingers)

Legs - three bones and foot (not counting toes)


Voluson
E8
AB2-7-D/OB
MI 0.9
MFM-0610898H
8.8cm / 1.4 / 58Hz
TIs 0.1
14.08.2008
03:05:11 PM
Routine
Har-low
Pwr 92 %
Gn 4
C6 / M7
E3
SRI II 3 / CRI 1
Spine – Long

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM-0610898H
8.8cm / 1.6 / 58Hz
TIs 0.1
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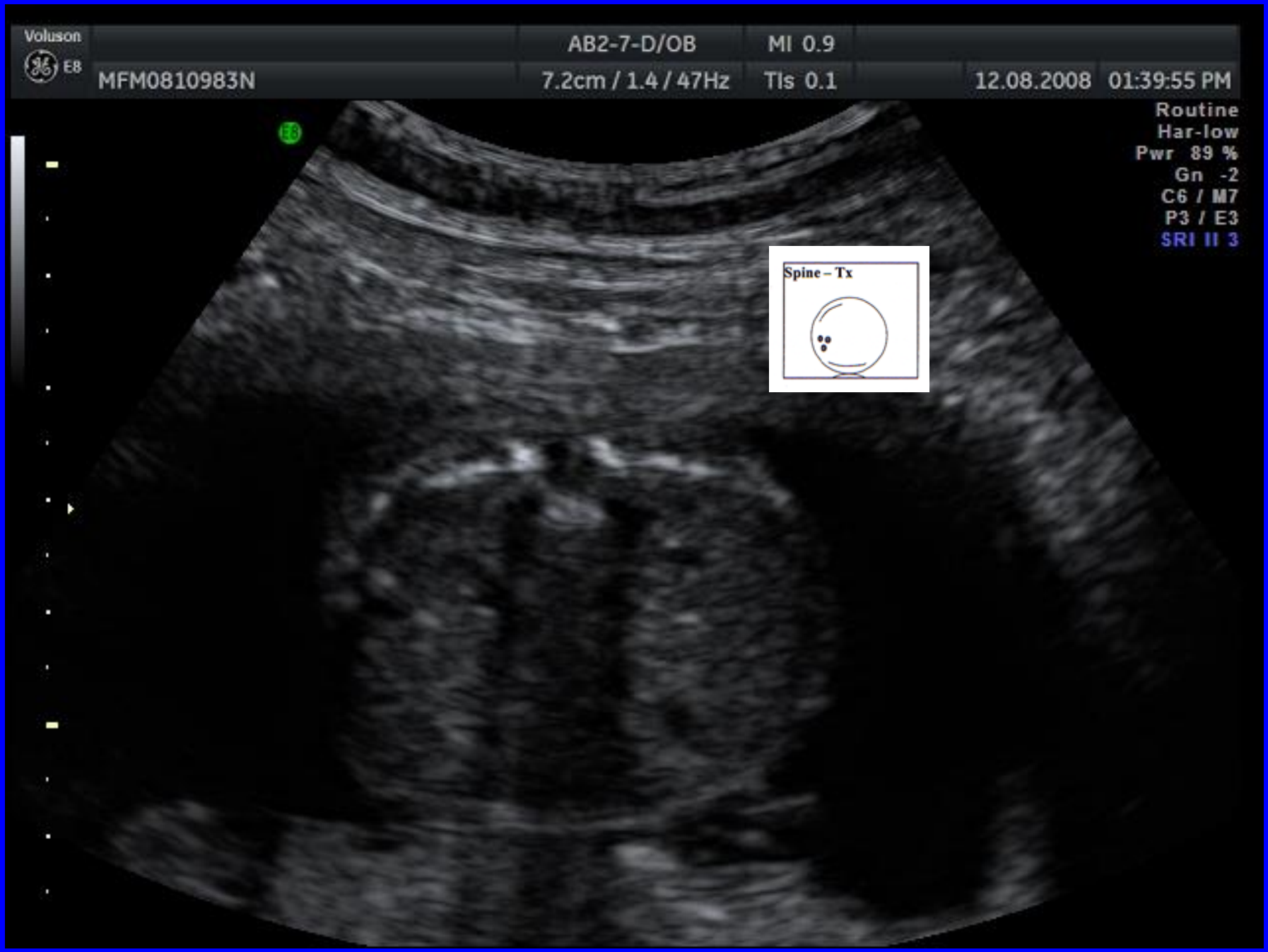
Routine
Har-low
Pwr 92 %
Gn 4
C6 / M7
E3
SRI II 3 / CRI 1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AB2-7-D/OB
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MFM0810983N
7.2cm / 1.4 / 47Hz
TIs 0.1
12.08.2008
01:39:55 PM
Routine
Har-low
Pwr 89 %
Gn -2
C6 / M7
P3 / E3
SRI II 3
Spine – Tx

Head shape + internal structures, cavum pellucidum, cerebellum, ventricular size at atrium (<10 mm)

Face & lips

Spine: longitudinal and transverse

Abdominal shape and content at level of stomach

Abdominal shape and content at level of kidneys and umbilicus
Renal pelvis (<5 mm AP measurement)

Longitudinal axis - abdominal-thoracic appearance (diaphragm/bladder)

Thorax at level of 4 chamber cardiac view

Cardiac outflow tracts

Arms - three bones and hand (not counting fingers)

Legs - three bones and foot (not counting toes)

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM 0810947G
10.4cm / 1.8 / 38Hz
TIs 0.1
12.08.2008
12:52:04 PM
Routine
Har-low
Pwr 92 %
Gn -4
C6 / M7
P3 / E3
SRI II 3
AC
AC 13.87cm
GA 19w2d
EFW 277g (10oz)
GA 19w0d

Head shape + internal structures, cavum pellucidum, cerebellum, ventricular size at atrium (<10 mm)

Face & lips

Spine: longitudinal and transverse

Abdominal shape and content at level of stomach

Abdominal shape and content at level of kidneys and umbilicus
Renal pelvis (<5 mm AP measurement)

Longitudinal axis - abdominal-thoracic appearance (diaphragm/bladder)

Thorax at level of 4 chamber cardiac view

Cardiac outflow tracts

Arms - three bones and hand (not counting fingers)

Legs - three bones and foot (not counting toes)

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM0811016P
8.3cm / 1.1 / 47Hz
TIs 0.2
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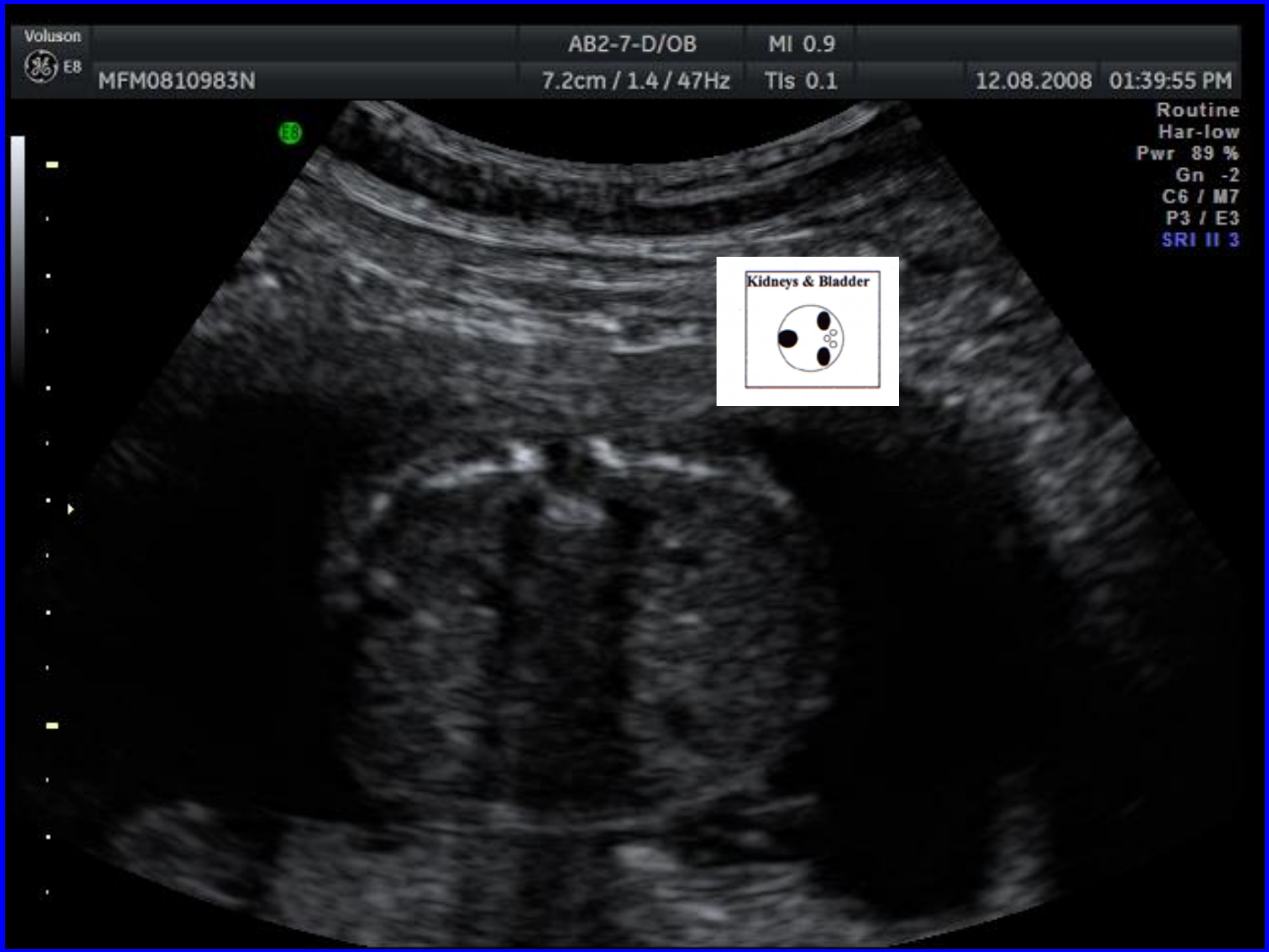
Routine
Har-low
Pwr 94 %
Gn -2
C6 / M7
P3 / E3
SRI II 3
Cord insertion


Voluson
E8
AB2-7-D/OB
MI 0.9
MFM0810983N
7.2cm / 1.4 / 47Hz
TIs 0.1
12.08.2008
01:39:55 PM
Routine
Har-low
Pwr 89 %
Gn -2
C6 / M7
P3 / E3
SRI II 3
Kidneys & Bladder

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM 0811274P
8.8cm / 1.6 / 42Hz
TIs 0.1
13.08.2008
03:10:01 PM
Routine
Har-low
Pwr 92 %
Gn -1
C6 / M7
P3 / E3
SRI II 3

Head shape + internal structures, cavum pellucidum, cerebellum, ventricular size at atrium (<10 mm)

Face & lips

Spine: longitudinal and transverse

Abdominal shape and content at level of stomach

Abdominal shape and content at level of kidneys and umbilicus
Renal pelvis (<5 mm AP measurement)

Longitudinal axis - abdominal-thoracic appearance (diaphragm/bladder)

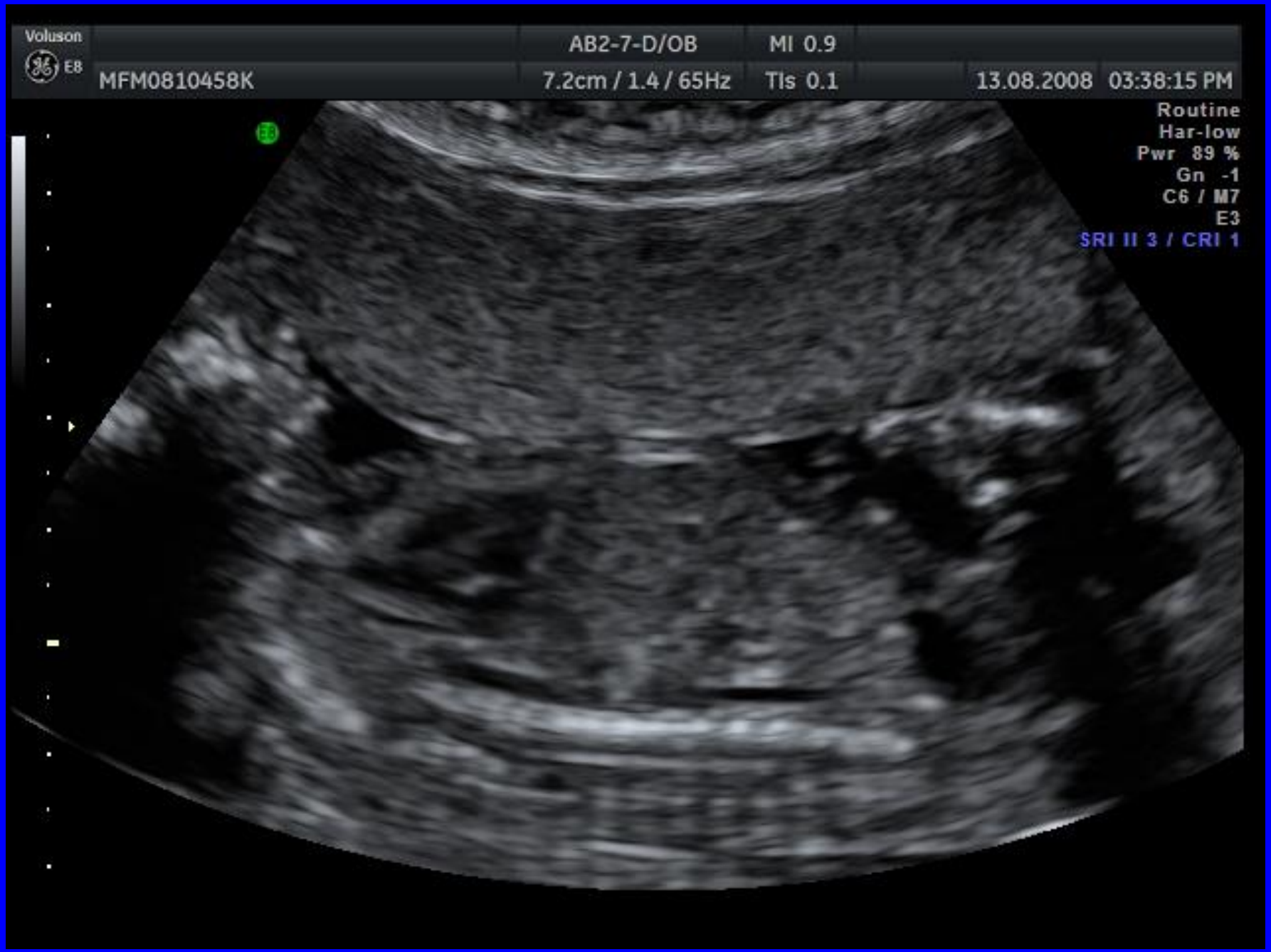
Thorax at level of 4 chamber cardiac view

Cardiac outflow tracts

Arms - three bones and hand (not counting fingers)

Legs - three bones and foot (not counting toes)

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM0811016P
8.8cm / 1.5 / 42Hz
TIs 0.1
12.08.2008
01:23:07 PM
Routine
Har-low
Pwr 92 %
Gn -2
C6 / M7
P3 / E3
SRI II 3
Stomach /
Diaphragm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MFM0810458K
7.2cm / 1.4 / 65Hz
TIs 0.1
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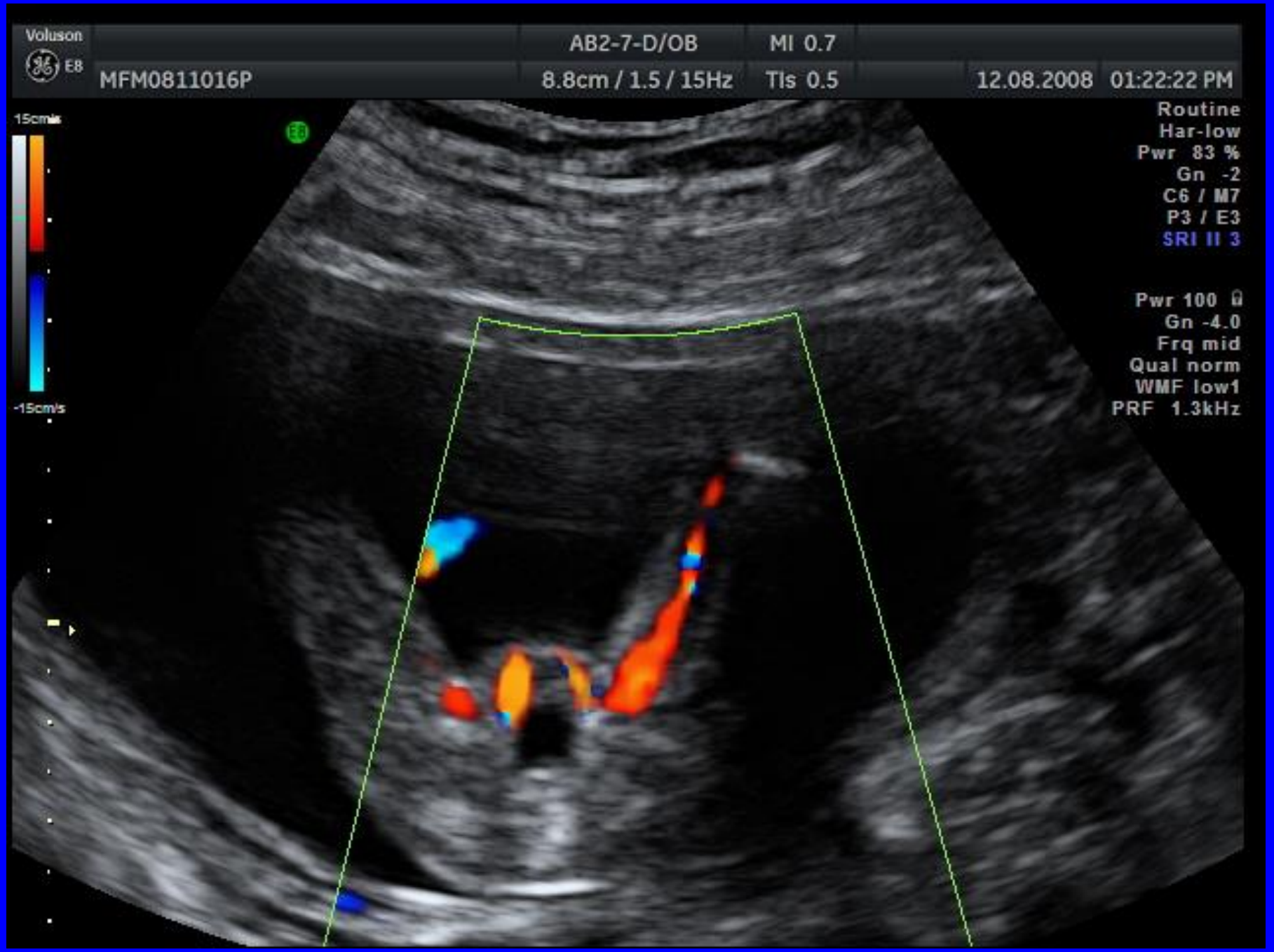
Routine
Har-low
Pwr 89 %
Gn -1
C6 / M7
E3
SRI II 3 / CRI 1


Voluson
E8
AB2-7-D/OB
MI 0.7
MFM0811016P
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TIs 0.5
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15cm/s
-15cm/s
Routine
Har-low
Pwr 83 %
Gn -2
C6 / M7
P3 / E3
SRI II 3
Pwr 100
Gn -4.0
Frq mid
Qual norm
WMF low1
PRF 1.3kHz

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM0811016P
8.8cm / 1.5 / 42Hz
TIs 0.1
12.08.2008
01:22:05 PM
Routine
Har-low
Pwr 92 %
Gn -2
C6 / M7
P3 / E3
SRI II 3

Head shape + internal structures, cavum pellucidum, cerebellum, ventricular size at atrium (<10 mm)

Face & lips

Spine: longitudinal and transverse

Abdominal shape and content at level of stomach

Abdominal shape and content at level of kidneys and umbilicus
Renal pelvis (<5 mm AP measurement)

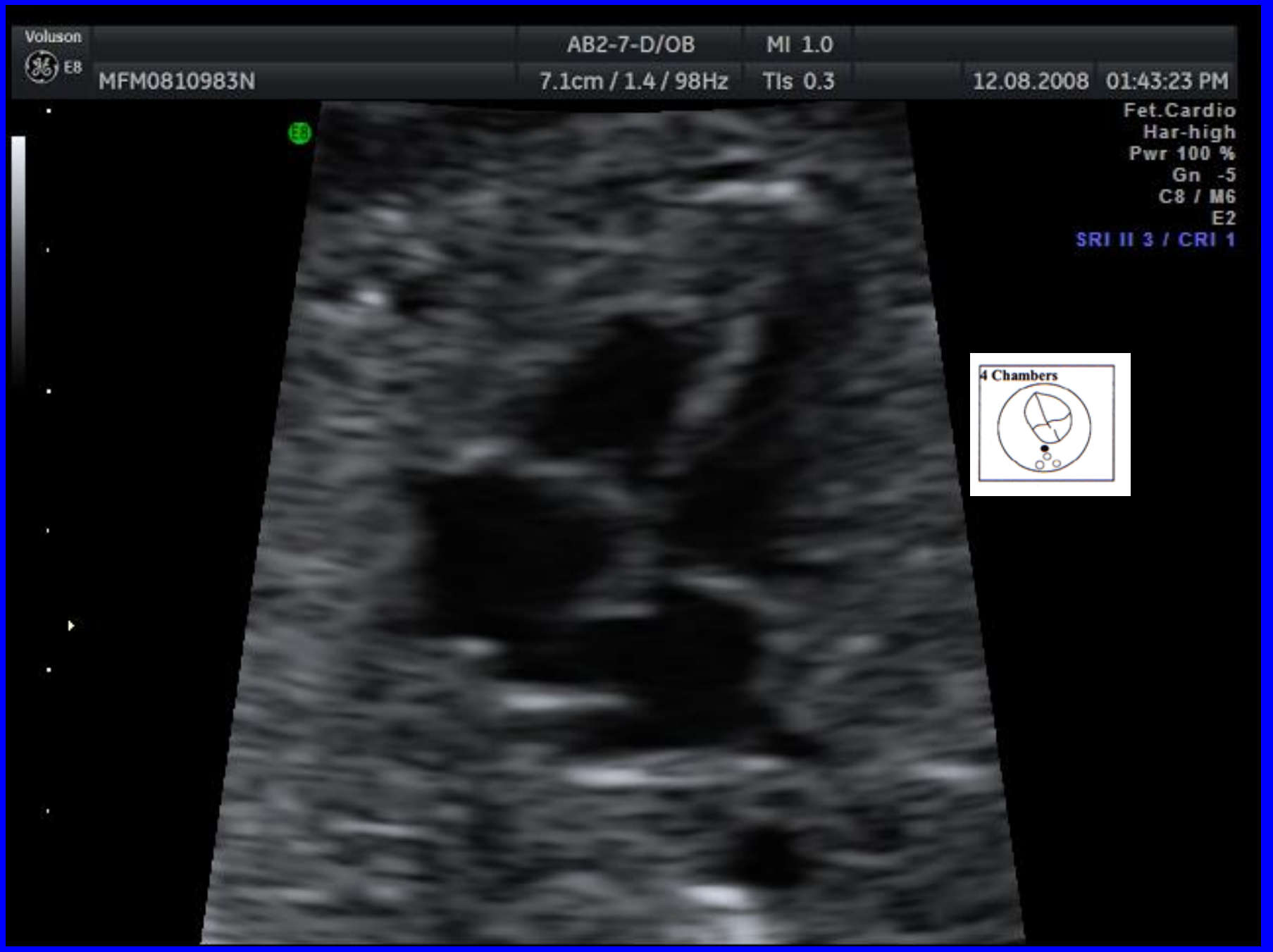
Longitudinal axis - abdominal-thoracic appearance (diaphragm/bladder)

Thorax at level of 4 chamber cardiac view

Cardiac outflow tracts

Arms - three bones and hand (not counting fingers)

Legs - three bones and foot (not counting toes)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TIs 0.3
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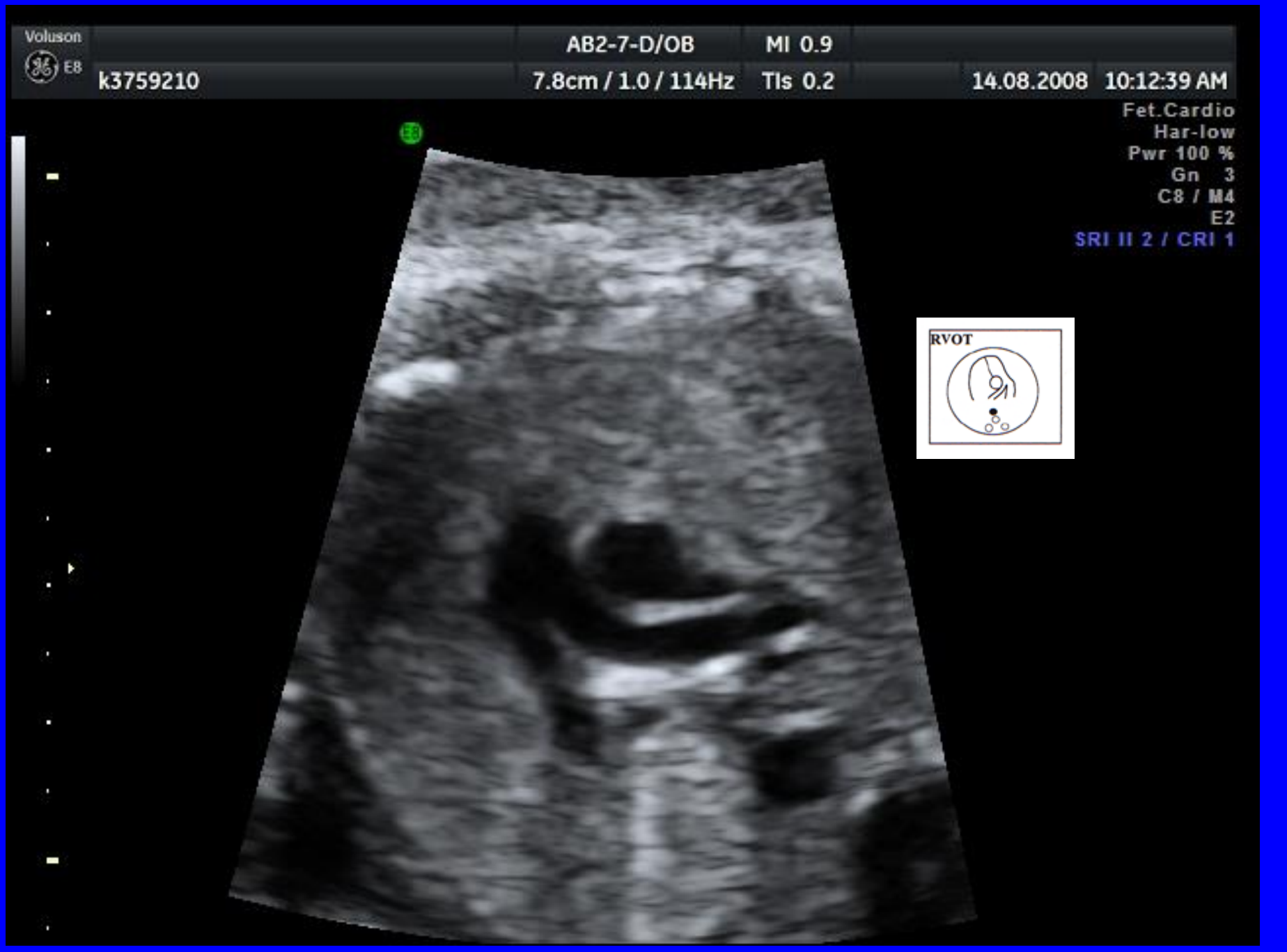
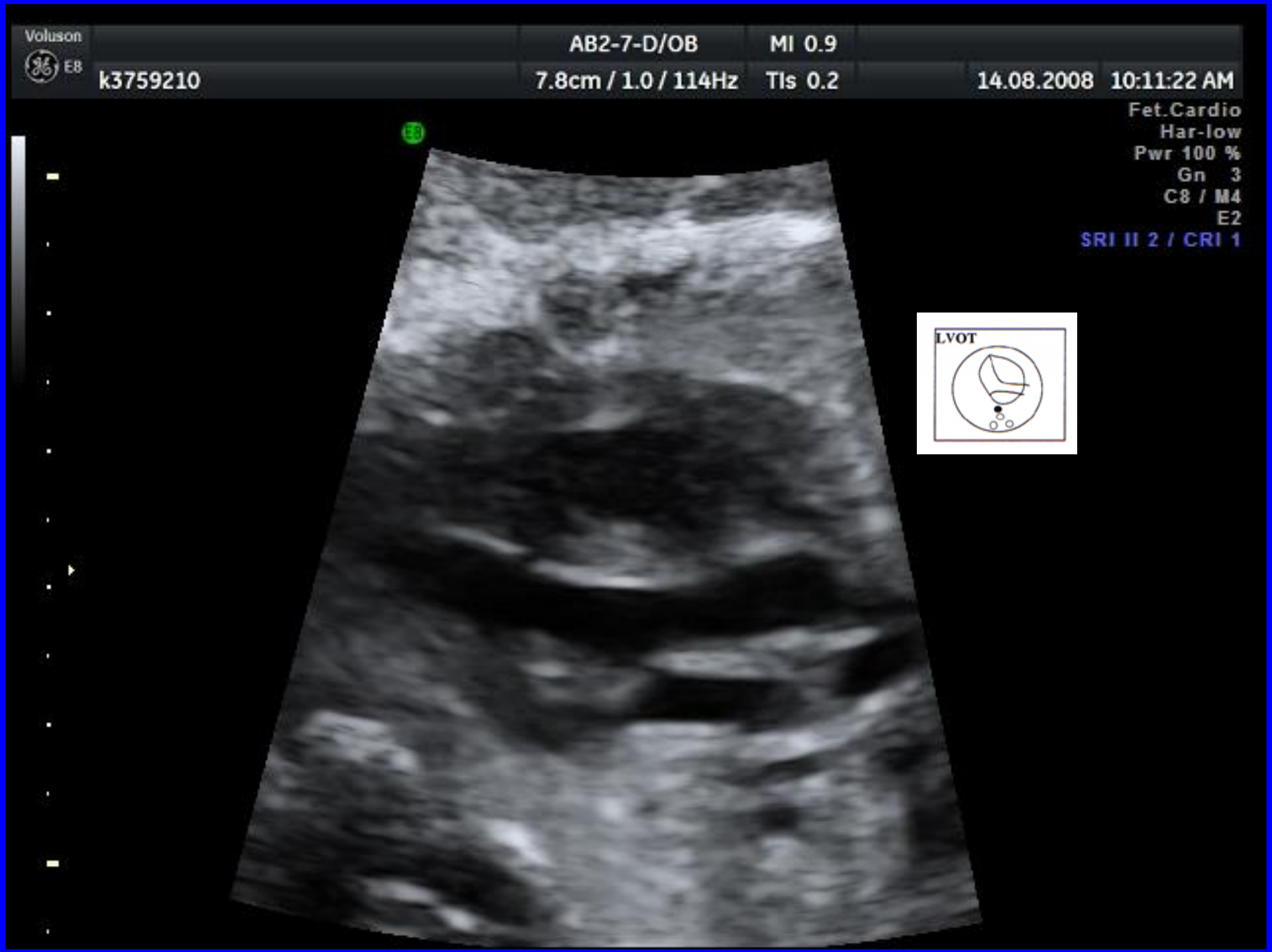
Fet.Cardio
Har-high
Pwr 100 %
Gn -5
C8 / M6
E2
SRI II 3 / CRI 1
4 Chambers


Voluson
E8
k3759210
AB2-7-D/OB
MI 0.9
7.8cm / 1.0 / 114Hz
TIs 0.2
14.08.2008
10:12:39 AM
Fet.Cardio
Har-low
Pwr 100 %
Gn 3
C8 / M4
E2
SRI II 2 / CRI 1
RVOT


Voluson
E8
k3759210
AB2-7-D/OB
MI 0.9
7.8cm / 1.0 / 114Hz
TIs 0.2
14.08.2008
10:11:22 AM
Fet.Cardio
Har-low
Pwr 100 %
Gn 3
C8 / M4
E2
SRI II 2 / CRI 1
LVOT

Voluson
E8
k3759210
AB2-7-D/OB
MI 0.9
7.8cm / 1.0 / 114Hz
TIs 0.2
14.08.2008
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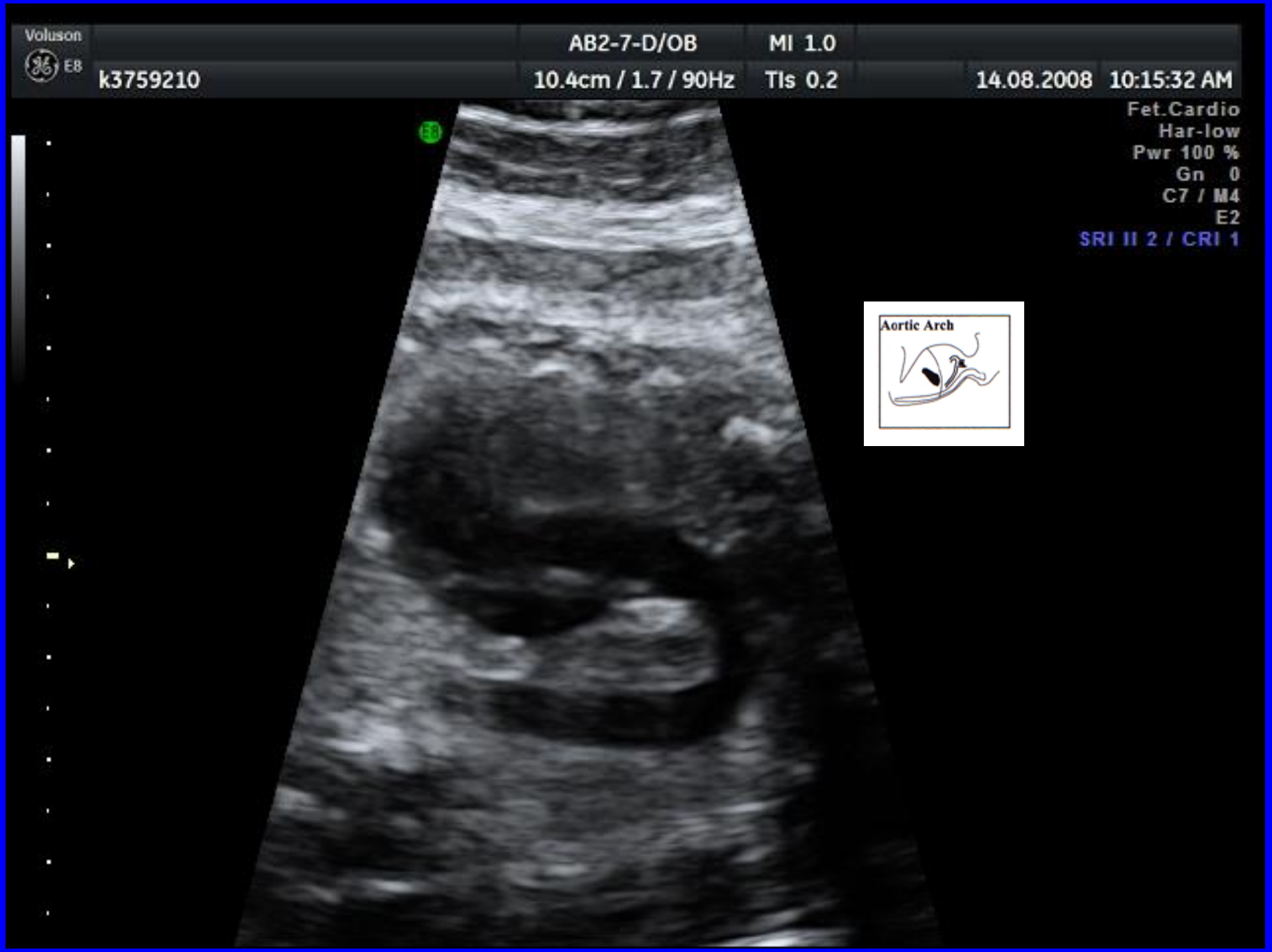
Fet.Cardio
Har-low
Pwr 100 %
Gn 3
C8 / M4
E2
SRI II 2 / CRI 1


Voluson
E8
AB2-7-D/OB
MI 1.0
k3759210
10.4cm / 1.7 / 90Hz
TIs 0.2
14.08.2008
10:15:32 AM
Fet.Cardio
Har-low
Pwr 100 %
Gn 0
C7 / M4
E2
SRI II 2 / CRI 1
Aortic Arch

Head shape + internal structures, cavum pellucidum, cerebellum, ventricular size at atrium (<10 mm)

Face & lips

Spine: longitudinal and transverse

Abdominal shape and content at level of stomach

Abdominal shape and content at level of kidneys and umbilicus
Renal pelvis (<5 mm AP measurement)

Longitudinal axis - abdominal-thoracic appearance (diaphragm/bladder)

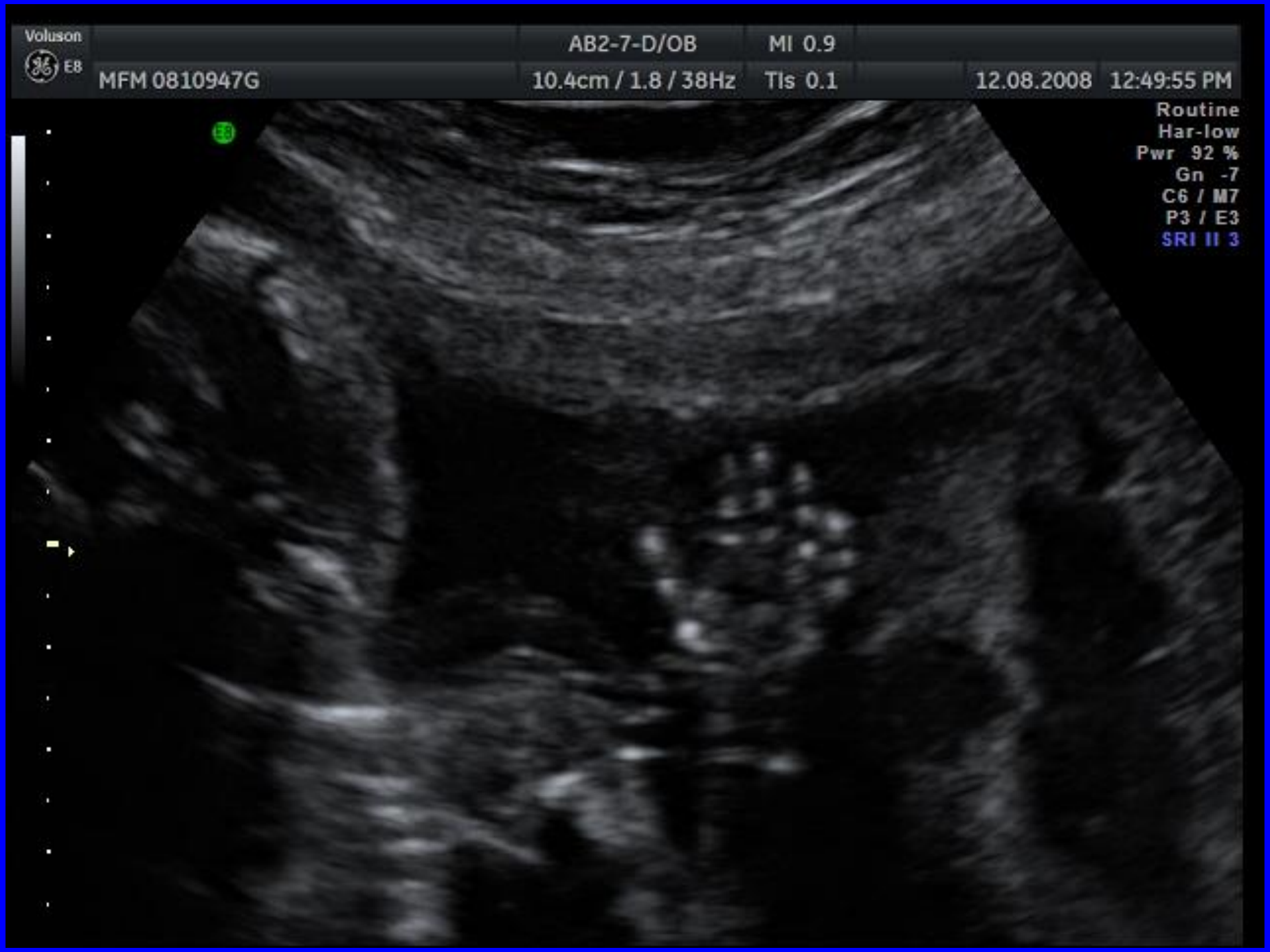
Thorax at level of 4 chamber cardiac view

Cardiac outflow tracts

Arms - three bones and hand (not counting fingers)

Legs - three bones and foot (not counting toes)

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM0811016P
8.8cm / 1.5 / 42Hz
TIs 0.1
12.08.2008
01:26:09 PM
Routine
Har-low
Pwr 92 %
Gn 7
C6 / M7
P3 / E3
SRI II 3
Arms – 3 long bones
Right
Left


Voluson
E8
AB2-7-D/OB
MI 0.9
MFM 0810947G
10.4cm / 1.8 / 38Hz
TIs 0.1
12.08.2008
12:49:55 PM
Routine
Har-low
Pwr 92 %
Gn -7
C6 / M7
P3 / E3
SRI II 3

Head shape + internal structures, cavum pellucidum, cerebellum, ventricular size at atrium (<10 mm)

Face & lips

Spine: longitudinal and transverse

Abdominal shape and content at level of stomach

Abdominal shape and content at level of kidneys and umbilicus
Renal pelvis (<5 mm AP measurement)

Longitudinal axis - abdominal-thoracic appearance (diaphragm/bladder)

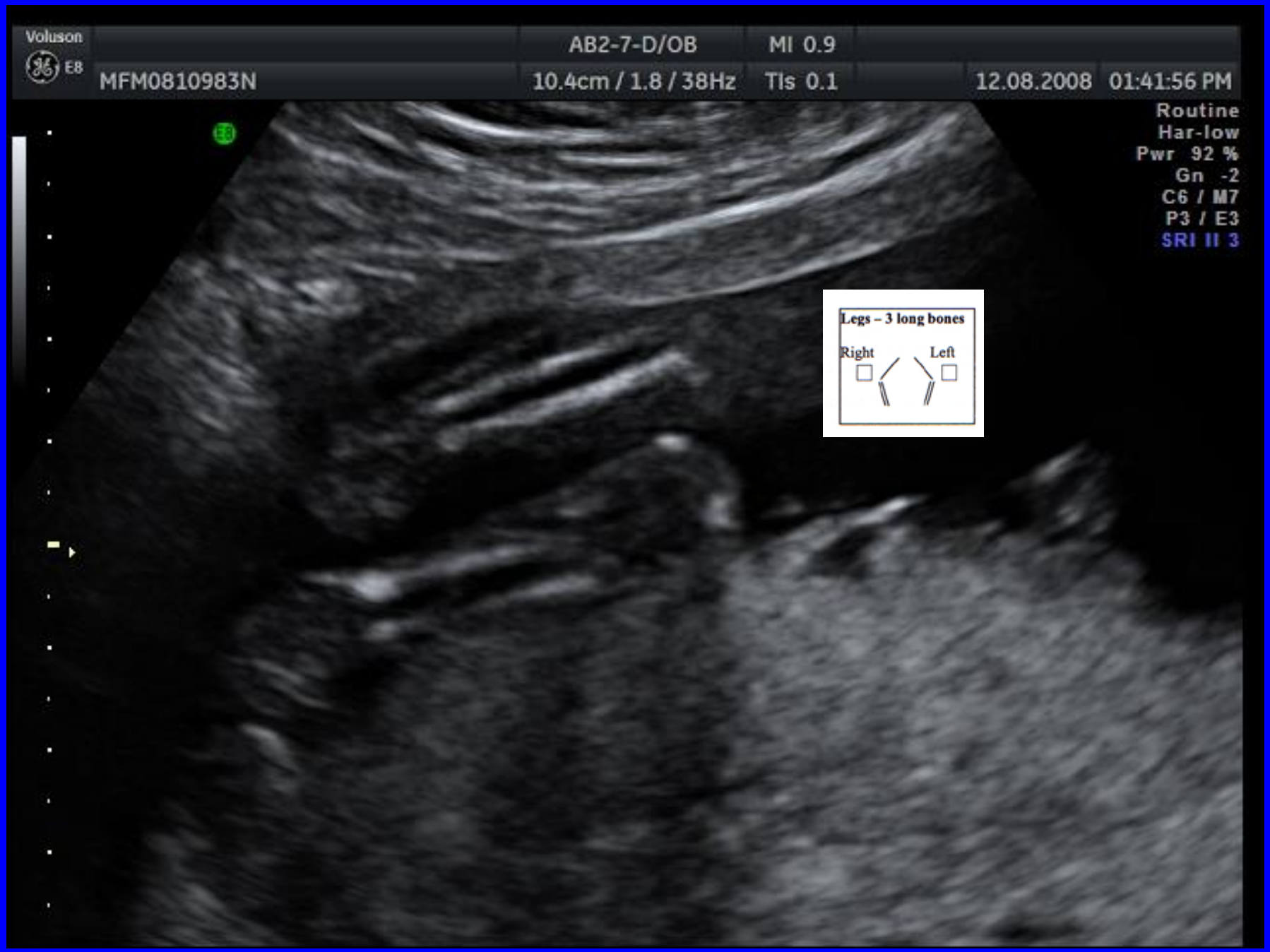
Thorax at level of 4 chamber cardiac view

Cardiac outflow tracts

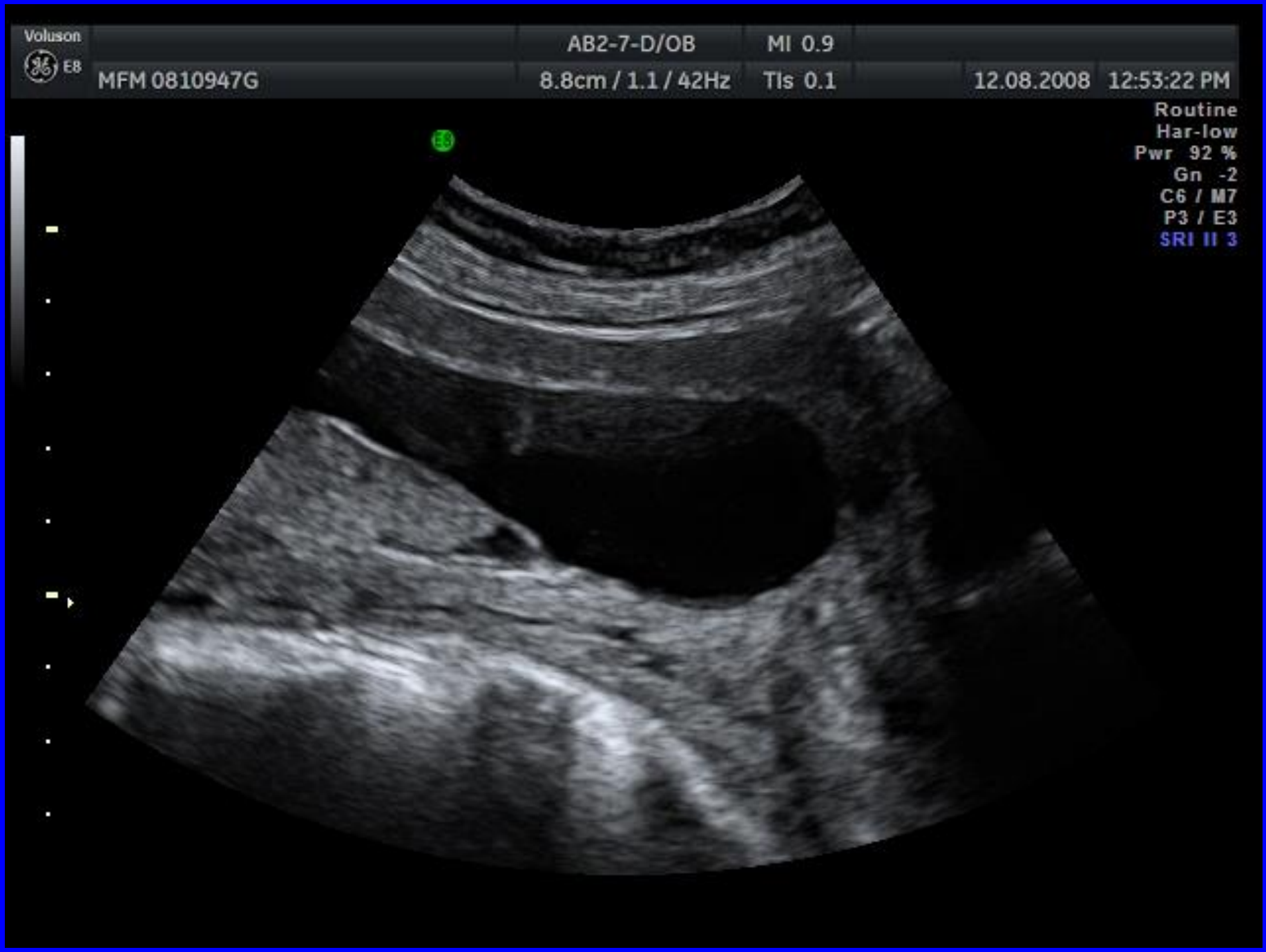
Arms - three bones and hand (not counting fingers)

Legs - three bones and foot (not counting toes)

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM 0810947G
7.2cm / 1.3 / 47Hz
TIs 0.1
12.08.2008
12:43:11 PM
Routine
Har-low
Pwr 89 %
Gn -5
C6 / M7
P3 / E3
SRI II 3
Legs – 3 long bones
Right
Left


Voluson
E8
AB2-7-D/OB
MI 0.9
MFM0810983N
10.4cm / 1.8 / 38Hz
TIs 0.1
12.08.2008
01:41:56 PM
Routine
Har-low
Pwr 92 %
Gn -2
C6 / M7
P3 / E3
SRI II 3
Legs – 3 long bones
Right
Left

Voluson
E8
AB2-7-D/OB
MI 0.9
MFM0811016P
8.8cm / 1.5 / 42Hz
TIs 0.1
12.08.2008
01:27:11 PM
Routine
Har-low
Pwr 92 %
Gn 7
C6 / M7
P3 / E3
SRI II 3
Orientation of feet
Right
Left


Voluson
E8
AB2-7-D/OB
MI 0.9
MFM 0810947G
8.8cm / 1.1 / 42Hz
TIs 0.1
12.08.2008
12:53:22 PM
Routine
Har-low
Pwr 92 %
Gn -2
C6 / M7
P3 / E3
SRI II 3

Sonographic "markers" for aneuploidy

Choroid plexus cyst
Ventriculomegaly (> 10 mm at the atrium)
Echogenic bowel (equivalent to bone density)
Head shape
Nuchal pad (> 5 mm at 20 weeks)
Cysterna magna
Echogenic foci in heart
Dilated renal pelvis (> 5 mm AP)
Short femur/humerus
Talipes
Sandal gap
Clinodactyly
Clenched hand
Two vessel cord

Evaluation of Routine Obstetric Ultrasound Examination in detecting Fetal Structural Abnormalities in Low Risk Pregnancies

WC Leung, CP Lee, MHY Tang

Department of Obstetrics & Gynaecology, Tsan Yuk Hospital, The University of Hong Kong, Hong Kong, China

Objective:

To evaluate routine obstetric ultrasound examination in detecting fetal structural abnormalities in low risk pregnancies.

Method:

A prospective study of the results of routine obstetric ultrasound examination during the first 19 months after the introduction of this service in a local teaching hospital was performed.

Results:

3288 women had routine ultrasound examination. Pregnancy outcome could be traced in 3187 women. Fetal ultrasound abnormalities were suspected in 73 cases (2.3%). Follow-up scans showed the same abnormalities in 26 cases (0.8%). These were confirmed after delivery or abortion in 21 cases (0.7%). The most common fetal abnormality detected by routine ultrasound was dilated renal pelvis (10/21= 47.6%). Major abnormalities detected included: hydrocephalus (2), encephalocoele (1), holoprosencephaly with complex congenital heart disease (1), cystic hygroma (1), truncus arteriosus (1), hypoplastic right heart (1) and diaphragmatic hernia (1). Fetal structural abnormalities were missed by routine ultrasound in 45 cases (1.4%). Majority were cardiac abnormalities (19/45 = 42.2%).

Conclusion:

The sensitivity of routine ultrasound in detecting fetal structural abnormalities was 31.8%. The specificity was 99.8%. 47 women (1.5%) were potentially subjected to unnecessary anxiety because of suspected fetal abnormalities which were not confirmed or were assessed as insignificant on subsequent scan.

(HKJGOM 2000; 1:28-32)

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Objective:

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Method:

A prospective st st 19 months after the introdu

Results:

3288 women had 87 women. Fetal ultrasound a d the same abnormalities in 26 ases (0.7%). The most common fetal ab s (10/21= 47.6%). Major abnormalities detec loprosencephaly with complex congenital heart disea (1), hypoplastic right heart (1) and diaphragmatic hernia (1). Fetal struct issed by routine ultrasound in 45 cases (1.4%). Majority were cardiac abnormalities (19/45 = 42.2%).

Conclusion:

The sensitivity of routine ultrasound in detecting fetal structural abnormalities was 31.8%. The specificity was 99.8%. 47 women (1.5%) were potentially subjected to unnecessary anxiety because of suspected fetal abnormalities which were not confirmed or were assessed as insignificant on subsequent scan.

Outdated

(HKJGOM 2000; 1:28-32)

Voluson
E8
AB2-7-D/OB
MI 1.0
MFM 0811172M
7.8cm / 1.2 / 22Hz
TIs 0.2
12.08.2008
12:30:16 PM
1. Trim.
Har-high
Pwr 95 %
Gn -4
C6 / M7
P3 / E3
SRI II 3
CRL
CRL 6.06cm
GA 12w4d

Voluson
E8
AB2-7-D/OB
MI 1.0
MFM 0811172M
7.8cm / 1.7 / 22Hz
TIs 0.2
12.08.2008 12:31:43 PM
1. Trim.
Har-high
Pwr 95 %
Gn -4
C6 / M7
P3 / E3
1 D 0.14cm

Voluson
E8
AB2-7-D/OB
MI 1.0
MFM 0811151J
7.9cm / 1.6 / 26Hz
TIs 0.2
12.08.2008
01:10:52 PM
1. Trim.
Har-high
Pwr 95 %
Gn -4
C6 / M7
P3 / E3
SRI II 3
2
1 D 0.14cm
2 D 0.18cm

Ultrasound Obstet Gynecol 2008; **31**: 136–146
Published online in Wiley InterScience (www.interscience.wiley.com). **DOI:** 10.1002/uog.5232

Comparison of nuchal and detailed morphology ultrasound examinations in early pregnancy for fetal structural abnormality screening: a randomized controlled trial

M. CHEN*, C. P. LEE*, Y. H. LAM†, R. Y. K. TANG‡, B. C. P. CHAN*, S. F. WONG§, L. H. Y. TSE¶ and M. H. Y. TANG**

**Department of Obstetrics and Gynaecology, The University of Hong Kong, Queen Mary Hospital, †Hong Kong Prenatal Diagnosis Center, ‡Department of Obstetrics and Gynaecology, Pamela Youde Eastern Hospital, §Department of Obstetrics and Gynaecology, Princess Margaret Hospital, ¶Department of Obstetrics and Gynaecology, Kwong Wah Hospital and **Prenatal Diagnostic and Counseling Department, Tsan Yuk Hospital, Hong Kong, China*

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OBJECTIVE: To compare the effectiveness of a nuchal scan at 10 to 14 + 6 weeks and a detailed morphology scan at 12 to 14 + 6 weeks in screening for fetal structural abnormalities.

METHODS: From March 2001 to November 2004, 8811 pregnant women were randomized into either the control group (10 to 14 + 6-week nuchal scan followed by routine 16-23-week scan) or the study group (10 to 14 + 6-week nuchal scan and 12 to 14 + 6-week detailed scan followed by routine 16-23-week scan).

RESULTS: We analyzed 7642 cases of singleton pregnancies with viable fetuses at first-trimester ultrasound examination and with known pregnancy outcome. In the control group, the detection rate of structural abnormalities in the first trimester was 32.8% (21/64; 95% CI, 21.6-45.7%) and the overall detection rate was 64.1% (41/64; 95% CI, 51.1-75.7%). In the study group, the detection rate in the first trimester was 47.6% (30/63; 95% CI, 34.9-60.6) and the overall detection rate was 66.7% (42/63; 95% CI, 53.7-78.0%). The overall detection rate in the control group did not differ significantly from that in the study group ($P > 0.05$).

CONCLUSIONS: When the nuchal scan is offered, a basic anatomical survey can be done in conjunction with nuchal translucency thickness measurement. A detailed ultrasound examination at this early gestational age may not be superior to the nuchal scan in screening for fetal abnormalities in the low-risk population. Though a wide range of abnormalities can be detected at 10 to 14 + 6 weeks, the routine 16-23-week scan cannot be abandoned.

PRENATAL DIAGNOSIS
Prenat Diagn 2008; **28**: 739–744.
Published online 20 June 2008 in Wiley InterScience
(www.interscience.wiley.com) **DOI:** 10.1002/pd.2050

Expectation and knowledge of pregnant women undergoing first and second trimester ultrasound examination in a Chinese population

Lin Wai Chan*, Oi Ka Chan, Mo Ching Macy Chau, Daljit Singh Sahota, Tak Yeung Leung, Tak Yuen Fung and Tze Kin Lau

Fetal Medicine Unit, Department of Obstetrics and Gynaecology, Prince of Wales Hospital, The Chinese University of Hong Kong, Shatin, Hong Kong SAR

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Fetal Medicine Unit, Department of Obstetrics and Gynaecology, Prince of Wales Hospital, The Chinese University of Hong Kong, Shatin, Hong Kong SAR

Objective To evaluate expectation and knowledge on obstetric ultrasound examination in the first and second trimester in a Chinese population.

Method A cross-sectional survey was conducted in a university obstetric clinic in Hong Kong. Chinese pregnant women who underwent the first trimester early scan sessions, or the second trimester anomaly scan sessions were invited to complete a self-administered questionnaire, which contained items on their knowledge, expectation, and sociodemographic characteristics.

Results In all 276 eligible pregnant women (117 in the first trimester and 159 in the second trimester) were recruited. Although 249 women (90.2%) claimed they understood the indication of the ultrasound examination, only 93 of them were correct (33.7%). The median perceived overall-detection rate for structural abnormalities was 66.5%. Living in Hong Kong for more than 7 years was significantly associated with higher knowledge level and expectation from ultrasound examination. Attaining tertiary education level was also significantly associated with higher knowledge level. Over 90% of the pregnant women studied wished to know the fetal gender from the anomaly scan examination.

Conclusion Knowledge of Chinese pregnant women on ultrasound was generally unsatisfactory. Understanding their limitation of knowledge and expectations helps to devise appropriate education in the local setting.

Shall we talk
during
routine anomaly scan?

We only find what we look for.

We only look for what we know.

We only know what we understand.