

Useful advice on the day of your scan

- Please bring your handheld notes to your scan.
- You do not need to have a full bladder for a scan.
- A photograph of your baby may be available to buy – please buy tickets from the machine before your scan and hand them to the sonographer at the start of your scan.
- One adult only is allowed to accompany you – we are sorry that **no children are permitted inside the scan room**, and if you arrive with children we will be unable to scan you unless you have someone with you to watch them.
- All phones, tablets and electronic devices to be turned off whilst you are in the ultrasound room
- It may be possible to determine the gender of your baby during the scan. However, this is not always possible and the accuracy rate is approximately 97% (in 3% of cases the information given will be incorrect).
- If you have any concerns or questions please don't hesitate to ask a member of staff.

Further information

www.nhs.uk/Conditions/pregnancy-and-baby/

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available in other languages and
formats upon request.

Maternity Ultrasound Department
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Your ultrasound scan

Important information
for pregnant women
and their partners

As part of your antenatal care we are offering to scan your baby.

Why have I been offered a scan?

There are two routine scans, done at about 12 and 20 weeks, these are medical examinations of your baby to confirm your due date and to check for any visible problems in your baby or placenta. To enable the sonographer to undertake this examination it is important that the area is quiet and distractions kept to a minimum. Sonographers will explain their findings to you at the end of examination but may be quiet for periods of time while they concentrate on examining your baby.

Most babies are healthy, but sadly some do have problems that could be serious. If you do not wish to know if your baby has an abnormality, it may be best to decide not to have this scan. If you decide to go ahead with the scan we will assume that you wish to know about anything that we find.

How is a scan carried out?

The scan will involve you lying down on a couch, a trained sonographer (ultrasound specialist) or doctor will put scan gel on your stomach and then place the scan head onto your stomach. This will give images on

the screen that allow examination and measurements of your baby. These can be quite difficult to see clearly, but the scan operator will try to check if all is well.

The nuchal scan (at 12 weeks) is part of the 'screening' for conditions such as Down's syndrome.

The second scan (at 20 weeks) is performed to identify major developmental abnormalities in the main body organs. It is possible to identify about half of these with a scan. This means that even if your scan is normal, there is still a small chance that your baby could have a problem.

Table of common congenital abnormalities identifiable by a scan.

Abnormality	Description of problem	Chance of being seen by ultrasound scan
Spina bifida	Open spinal cord	90%
Anencephaly	Absence to the top of the head	98%
Cleft lip or palate	gap or split in the upper lip and/or roof of the mouth	75%
Serious cardiac abnormalities	Major heart defects	50%
Diaphragmatic hernia	Defect in muscle separating chest from tummy	60%
Gastroschisis	Defect in tummy wall	90%
Exomphalos	Defect in the belly button	80%
Bilateral Renal agenesis	Missing or abnormal kidneys	84%
Lethal skeletal dysplasia	Serious limb abnormalities	60%
Cerebral palsy/ Developmental delays/behavioural problems	Not detectable	Never seen
Edward's syndrome (Trisomy 18)	Life limiting chromosome abnormalities or defects	95 %
Patau's syndrome (Trisomy 13)		95%

In the table below there is a list of different types of common congenital abnormality and how likely scanning is to identify each problem. Most of the conditions listed happen in 1 in 500 to 1 in 1000 babies. If the scan suggests that something is not 'quite as expected', you will be told at the time of the scan that there may be a problem. It will be necessary for you to come back to the hospital for a further scan and discussion with a specialist. Most problems that need repeat scanning are not serious and approximately 1 in 7 scans will need to be repeated for one reason or another.