Ultrasound scans
– what you need to know

Pregnancy is a time of choices and decisions. In order to help you decide what is right for you, you need information about any potential advantages or disadvantages that there might be in the options available.
This is one of a series of leaflets designed to help you make the right choices for you and your baby.

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Ultrasound scans – should I have one?

Having an ultrasound scan in early pregnancy can be exciting; after all, you may be able to ‘see’ your baby for the first time.

Doctors and midwives use ultrasound scans to help assess the progress of the pregnancy and to identify whether there are any possible problems. It is important that you understand that if you have a scan and a potential problem is found you may have to make some difficult decisions. This leaflet explains why scans are used in early pregnancy and what midwives and doctors can do with the information they get from the scans. It also explains the advantages and disadvantages for you and your baby.

It is up to you whether you have a scan. Most pregnant women are offered a scan at about 20 weeks of pregnancy, and you may also be offered one at about 12 weeks. There are some questions at the end of this leaflet to help you decide what is right for you.

What are the advantages of having a scan?

You may be offered a scan in the early weeks of pregnancy to:

1. check when your baby is due
2. see if you are expecting twins, triplets or more
3. assess the risk of Down’s syndrome by measuring fluid at the back of the baby’s neck (nuchal translucency scan)
4. see if there is anything wrong with the way your baby is developing.
1 When is your baby really due?

Your baby’s body is measured during a scan. This means that the person doing the scan (known as a sonographer) can work out when the baby is likely to be born (the due date). This is considered to be more accurate than using a calendar and the date of your last period. One in five women have their due dates changed after their scans – in most cases the date is put later. Accurate dating is useful, especially if you want to have a screening test for Down’s syndrome as knowing the precise date means that the test can be interpreted more accurately. It could help doctors know how many weeks old your baby is if you go into labour early. It can also mean that you are less likely to be offered an induction of labour because your pregnancy is thought to have gone past your due date.

2 Twins, triplets and more

Having a scan means you will know sooner if you are expecting twins, triplets or more. A scan in the first three months can tell if the babies have their own placentas (afterbirths) or are sharing the same one (scan for chorionicity). If they share a placenta, your babies will be monitored more closely throughout the pregnancy. If you are expecting twins or more, it means that the blood test to assess the risk of Down’s syndrome that is normally offered at 16 weeks will not be accurate. You may be offered a nuchal translucency scan instead. Even without a scan most multiple pregnancies are detected before the babies are born.

3 Nuchal translucency scan

Some hospitals offer a nuchal translucency scan from 11-14 weeks of pregnancy to assess the risk of Down’s syndrome. The test is a screening test and so cannot give a certain result, just an indication of risk. If you are at high risk, you will be offered further tests that will give a definite answer. A layer of fluid under the skin at the back of the baby’s neck is measured on scan because babies with Down’s syndrome often have a thicker layer of fluid than other babies. If your baby has more fluid than average, the risk of your baby having Down’s syndrome is increased. Combining the nuchal scan with a blood test taken at the same time will improve the detection rate, but this is not widely available at present.
4 Is there anything wrong with your baby?

Scans can often pick up early signs that a baby is not developing properly. Some major abnormalities such as spina bifida may be seen at 11-14 weeks, but many problems will not be identified until later in the pregnancy.

Most women are offered a scan at 20 weeks to:

1. date the pregnancy and count the babies (if this is your first scan)
2. provide a detailed examination of the baby to see if it is developing normally
3. check the position of the placenta.

Measuring and examining the baby

The sonographer will take measurements of the baby’s head, thigh bones and abdomen to see if it is growing normally. She will examine the structures inside your baby’s head, its spine, heart, stomach, kidneys, bladder, abdomen, limbs, hands and feet. Some abnormalities can be detected by scans, including spina bifida, and some defects in the development of the baby’s brain, kidneys, abdominal wall, and limbs.

Where is the placenta?

A scan can tell you the position of the placenta, particularly when it is lower than it should be in your womb (uterus). This information can be useful as a ‘low’ placenta can cause problems towards the end of the pregnancy. It could block the baby’s passage out of the womb and more importantly it could cause serious bleeding. But in one out of ten cases, a low placenta spotted during the scan will move out of the way during pregnancy, and you will be offered another scan at 36 weeks to see if it is still low. For the few women who do have a placenta that remains too low, finding the problem early may help plan for the birth of your baby.
What are the disadvantages of having a scan?

Scans are not perfect; as with all screening tests there may be “false positive” and “false negative” results. If, for example, you decide to have a nuchal translucency scan to assess the risk of Down’s syndrome, the scan will not tell you for certain whether or not the baby is affected. About 1 in 20 women will appear to be at a high risk from the test, but most of these babies will turn out to be normal. This is known as a “false positive” result. If you are found to be at a high risk you will need to decide whether or not to have a diagnostic test which carries a risk of miscarriage of what may well be a normal baby (See Informed Choice leaflet, ‘Is my baby alright?’).

Some babies with Down’s syndrome will have a normal amount of fluid at the back of the neck so will be considered to be at a low risk from the scan. This is a “false negative” result.

Scans may show a very minor problem or something which may get better on its own - so they can make you worry for nothing.

Not all abnormalities can be diagnosed with ultrasound. Only around half of major malformations are picked up on scans, and only about 25% of heart problems will be seen on a scan. It is important to understand that even if nothing abnormal is seen on a scan, there is a small chance that the baby could still have a problem.
Are there any risks to having a scan?

For the mother

The actual procedure of having an ultrasound scan is easy, painless, and safe for the woman. However, women can feel anxious about the scan and what may be found.

Sometimes an internal (vaginal) scan may be necessary in the early weeks of pregnancy. This is not painful and will not harm the baby. Many women prefer this type of scan as, in contrast to an abdominal scan, it is not necessary to have a full bladder in order to visualise the baby.

For the baby

Scans are thought to be safe for the developing baby, but so far scientists do not have the proof to say definitely that they are. It seems certain that scans do not cause any severe defects, but more studies need to be done before doctors can rule out the possibility that they could cause some kind of harm. It is recommended that scans should only be performed for medical purposes, and should not be used just to have a look at the baby. Increasingly, women are asking to be told the sex of their baby, but the accuracy of this depends on the position of the baby, type of ultrasound machine being used, and the skills of the sonographer.

You have a choice

You have the option of whether or not to have a scan in pregnancy. If you answer yes to any of these questions, then having a scan may be the best choice for you.

- Do I want a scan?
- Do I particularly want to see my baby on a scan before she or he is born?
- Am I unsure about when my baby is due?
- Would I want to know if there was something seriously wrong with my baby?

How to find out more

If you would like to know more about having a scan, discuss this leaflet with your midwife or doctor. For more detailed information, ask your midwife or doctor for the professionals’ version of this leaflet.
Questions you may want to ask

After reading this leaflet there may be some things you are still not sure about. You can use this space to write down any questions you have and any things you would like to discuss with your midwife or doctor.

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