

Fetal Well-being Report

PRIVATE AND CONFIDENTIAL



Full Name *Jo Bloggs*

Due Date *01/01/2021*

Your DOB *15/04/1990*

Full Address & Postcode

*1 The Street
Sometown
AB12CD*

Have you brought your hospital notes with you? Yes ☒ No ☐ Digital ☐

Please also provide any additional notes for your sonographer.

Contact Number

01234 567890

Your Partners Name (for scan images) (optional)

Mr Bloggs

Which hospital is your pregnancy registered with?

A Hospital

Please choose all of the below that are important to you today:

- To check the wellbeing of baby ☒
To check the wellbeing of mum ☒
To find out the baby's sex ☐
To get pictures of baby ☐

By signing the box to the right I (the client) declare that I have read and understood the terms and conditions listed overleaf. I have also had sight of the Technology and Safety document displayed in the waiting area. I declare that I understand what takes place as part of an ultrasound scan and to the best of my knowledge do not know of any reason why the scan product would be unsuitable for me. I understand that the primary aim of any scan is diagnostic for the protection of the health of mother and baby. I understand that diagnostic ultrasound is not exhaustive of all genetic conditions. I understand that similar diagnostic services, including blood tests, are available free of charge through the NHS. I understand that following the scan, you may need to pass medical information relating to my pregnancy to my NHS care provider and by signing, I give my full consent to you to do so.

Signature

J Bloggs

Today's Date

01/05/2020

Fetal Position Check

Cephalic Anterior Cephalic Posterior Transverse Breech (Complete) Breech (Frank) Breech (Footling)



Placenta Position Check

Left Lateral ☐ Right Lateral ☐

Anterior Posterior Fundal



Initial observations:

Pregnancy type Single ☒ Multiple ☐

Fetal movement present ☒

Fetal heartbeat present ☒

Fetus 1 gender Male ☐ Female ☒

Fetus 2 gender Male ☐ Female ☐

Fetus 3 gender Male ☐ Female ☐

Sexing is our own professional opinion and we are unable to 100% guarantee gender due to the nature of ultrasound scanning. Gender confirmation is unreliable and will not be provided under 16 weeks.

Further observations:

Amniotic fluid

Observed View Restricted

Skull & brain

Lungs & heart situs

Abdominal contents

Limbs

Please note: This scan is often completed in less time and at a gestation different to scans completed as part of your NHS antenatal care - it is therefore important you access all antenatal services offered by the NHS. If your sonographer detects any obvious anomalies, these will be explained to you. Please note we do not check for all genetic scenarios.

View restrictions:

Fetal position ☐

Placenta position ☐

Habitus ☐

Other ☐

The above list includes factors that may restrict your sonographer's view when completing your scan. This does not mean that anything is wrong, just that certain structures could not be observed. You will not be re-scanned if a view is restricted unless there is a clinical indication.

Growth scans only:

AC mm
HC mm
FL mm
EFW gm
 lb/oz

This section will only be completed if you have opted for a growth scan or if there is a clinical indication. We do not have access to your medical history and this is for informational purposes only. We recommend that you share this with your midwife at your next appointment.

Please share any comments below with your midwife at your next appointment to ensure you receive the appropriate antenatal care.

Sonographer notes

Chaperone Name

Scan Assistant

I, the sonographer, have checked the details recorded in this report and believe them to be a true representation of the ultrasound assessment that I have completed.

Sonographer Name

A Sonographer

Reg No

RA123456

Sonographer Signature

A Sonographer