

OIA REQUEST

Received: 14 January 2022
Due: 14 February 2022
Response Date: 14 February 2022
Subject: Policies for Non Viable Pregnancies

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In response to your request under the Official Information Act, please find our response below:

Request

BOPDHB referrals for Ultrasound Obstetric - ?(query) Intra-uterine foetal demise are made by an Emergency Department Doctor or a Consultant Obstetrician and the patient has already been advised of the possibility of foetal demise prior to their ultrasound appointment. The patient is often accompanied to their ultrasound appointment by the midwife.

- 1. The process and policies in place regarding a diagnosis by ultrasound of a non-viable pregnancy. Please include the process from the ultrasound through to end of treatment and/or care.**

10.0.05 Process for preparing patients with abnormal findings Attached.

OBSTETRICS -? Intra-uterine fetal demise

Indication for the scan may be lack of foetal movements, no heartbeat detected, or PV (per vaginal) bleeding.

If this examination is targeted for viability, ensure the Sonographer is experienced to handle the situation alone. Otherwise, ask the Duty Radiologist to be present during the scan.

If there is absence of a heartbeat (observed for a minimum of thirty seconds), document the heart and umbilical cord using real time cine loop capture as well as **M-mode** imaging. The lack of blood flow on colour Doppler interrogation will provide further evidence of foetal demise.

The patient will be very anxious and probably will have her partner or a support person/midwife with her. When you are sure that there is no heartbeat, and you have double checked with Doppler Imaging, the patient and support person can be informed.

Assess the situation and ask the patient if you can take some more images. Try to obtain foetal measurements for dating and images of anatomical structures to help determine possible cause for demise and timing of event.

The supervising registrar, or radiologist, will inform the referrer.

- 2. Once an ultrasound scan reveals there is no heartbeat, who does the radiology clinic then contact, the doctor or midwife or specialist?**

The supervising registrar, or radiologist, will inform the referrer. If the midwife is with the patient for the ultrasound scan, then the midwife will advise the referrer.

- 3. Who is then responsible for contacting the patient?**

The patient is advised at the time of the scan.



4. What information are they required to explain to the patient?

The sonographer, registrar or radiologist will advise that the foetus/baby's heartbeat is not present.

5. What care is offered/provided, etc?

Post ultrasound procedure care is provided by the midwife and the referring clinician, who will refer to Gynaecology for an appointment with the early pregnancy clinic. Women are seen and options for management of the miscarriage are discussed with the women. These can range from:

1. Expectant – no intervention, “wait and see” approach ie passing of products of conception naturally;
2. Medical – misoprostol drug administered as inpatient;
3. Surgical – evacuation of retained products in theatre.

All management options should be discussed with the woman so that she may make an informed decision about her preference of care.

All women should be offered the opportunity for counselling, Chaplin and Māori health

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You have the right to request the Ombudsman investigate and review our response. www.ombudsman.parliament.nz or 0800 802 602.

Yours sincerely



DEBBIE BROWN

Senior Advisor Governance and Quality

10.0.05 PROCESS FOR PREPARING PATIENTS WITH ABNORMAL FINDINGS

At Tauranga and Whakatane Hospitals, it is usually the Radiologist/Registrar who will inform the patient of abnormal findings for all Ultrasound examinations.

CAROTID DOPPLER STUDIES

These are examinations performed only by experienced Sonographers. Their findings are recorded on a worksheet and verified by the Radiologist. In the event of detecting a critical stenosis in the internal carotid artery, (80%-99%) the following steps must be taken by the Sonographer after verifying with the Radiologist:

1. Explain to the patient they will have to be seen by a Vascular Doctor.
2. If it is possible, ask the patient to wait while you or the radiologist contacts the Vascular/surgical Registrar on call to discuss the findings.
3. The Registrar may want to see the patient immediately or may prefer to book the patient into the next vascular clinic in Outpatients to discuss their management.
4. Note on Work sheet that the Vascular Registrar was contacted and what arrangements were made with the patient.
5. Complete preliminary report, and scan report into PACS

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Assess the situation and ask the patient if you can take some more images. Try to obtain foetal measurements for dating and images of anatomical structures to help determine possible cause for demise and timing of event.

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10.0.05 PROCESS FOR PREPARING PATIENTS WITH ABNORMAL FINDINGS - Continued

Fetal Structural Abnormality

Tell the patient that there is an area you are not happy with and you will need to ask the Radiologist to come and have a look.

ULTRASOUND EXAMINATIONS OTHER THAN OBSTETRICS

On identifying an abnormality, the following steps should be taken to prepare the patient before the Radiologist comes to explain the findings.

1. Always try to address the issue as carefully as possible.
2. Be aware that the patient has probably become quite anxious.
3. Explain, by saying that there is an area you are not happy with, or not sure about, and that you will need to show your pictures to the Radiologist.
4. Explain that the Radiologist will most likely want to come and have a look as well.

Examples:

? Liver mets, abdominal mass, pelvic mass, breast lesion, adenopathy, testicular tumour etc

Remember, that Ultrasound is non-specific most of the time, and that there will probably be further tests to help characterise the mass/masses, eg CT or MRI.

Most Important – Common Sense prevails and determines how you handle the situation.