Having a mid-pregnancy ultrasound scan?

This scan (sometimes called the 18^{+0} to 20^{+6} weeks fetal anomaly scan) is offered as part of the NHS 'fetal anomaly' ultrasound screening programme. This chapter gives you some information about the purpose of the ultrasound scan in mid-pregnancy between 18 weeks and 0 days to 20 weeks and 6 days, so you can decide whether or not to have this examination.

What is the purpose of a mid-pregnancy ultrasound scan?

An ultrasound scan is an important examination.

Why am I offered a mid-pregnancy scan?

The main purpose of this scan is to look for abnormalities in your unborn baby.

Is the mid-pregnancy scan safe?

As far as we know, the scan we offer is safe for mothers and babies.

What kind of scan will I be offered?

You will be offered a scan that produces a two-dimensional (2-D) black and white image that gives only a side view of the baby. The 3-D and colour images we sometimes see on television and in magazines are not used in the NHS screening programme.

Does everybody have a scan?

We offer the scan to everybody, but you do not have to have it if you do not want to. Before making up your mind, there are a few things you do need to know, so please read this section carefully.

Giving permission for the scan

Remember that this is a medical examination. You will be asked to give your permission for it to be carried out. Make sure you understand what is going to happen. Feel free to ask any questions.

What can a scan tell me about my baby's health and development?

Before deciding whether or not to have a scan, you need to know what scans can and cannot tell you. During the scan, we take a very close look at your baby. We usually learn that the baby appears to be healthy and is developing well, but sometimes we find a problem. If this happens it will be explained to you.

The table on pages 34-35 shows the 11 problems the NHS Fetal Anomaly Screening Programme (FASP) is audited against. Your sonographer will be looking specifically for these problems during the scan.

Some problems are quite common, others are very rare and they will be explained to you.

What are the chances that we will be able to see it on an ultrasound scan?

Problem	Description	Chance of being seen
Anencephaly	This is abnormal development of the brain and the bones of the skull. Sadly, babies with this problem cannot live once they are born and die soon after birth.	98%
Open spina bifida	Spina bifida is when your baby's spinal cord has not developed properly and there is a gap or split in the spine.	90%
Cleft lip	This happens when certain parts of your baby's face and particularly the lips do not join together properly.	75%
Diaphragmatic hernia	This occurs when your baby's diaphragm does not fully form. The diaphragm is a muscle that helps us breathe and it keeps the heart and lungs separate from the bowel and the rest of the organs in the abdomen.	60%
Gastroschisis	This is a defect or 'hole' in the baby's abdominal wall to one side of the umbilical cord (usually the right side). Some of the bowel escapes through this hole and develops outside of the baby's abdomen.	98%

Problem	Description	Chance of being seen
Exomphalos	Exomphalos occurs when the abdomen fails to close around the base of the umbilical cord during the early development of the baby. This means some organs develop on the outside of the baby's abdomen.	80%
Serious cardiac abnormalities	These include a range of heart abnormalities which mean your baby will need medical attention very soon after birth.	50%
Bilateral renal agenesis	This means that your baby's kidneys have not developed. Sadly, babies with this condition die shortly after birth as they cannot live without kidneys.	84%
Lethal skeletal dysplasia	Lethal skeletal dysplasia is a problem which affects the size and shape of arms, legs, the body or sometimes the skull. The chest and lungs of these babies do not fully develop, which means that they do not survive.	60%
Edwards' syndrome (Trisomy 18)	This rare genetic chromosomal disorder occurs when a baby has three copies of chromosome 18 instead of the usual two.	95%
Patau's syndrome (Trisomy 13)	Trisomy 13 is a chromosomal disorder. It occurs when a baby has three copies of chromosome 13 rather than the usual complement of two.	95%

Scans are not guaranteed to find all problems. Sometimes we have to say there might be a problem, but we cannot say for certain. In a small number of cases, babies are born with abnormalities that were not spotted by the scan.

The rest of this section tells you what it's like to have a scan, and what happens if any kind of problem (or possible problem) is found. Remember that for most people their scan is a happy experience. Unfortunately though this is not true for everybody, which is why we ask you to read this section carefully before you decide whether or not you want a scan. You may find it useful to talk to your midwife before deciding. Remember though that most babies are healthy.

The scan usually takes around 30 minutes.

What is it like to have a scan?

Can I bring family or friends with me when I have the scan?

Most hospitals will recommend that you bring a partner, a friend, or a family member when you have the test because you might be anxious. We suggest that if possible, someone should accompany you to and from the hospital. Most hospitals do not allow children to attend the screening tests as childcare facilities are not usually available. Please ask your hospital for its policy on this before your appointment.

Remember, an ultrasound scan is an important medical examination, and it is treated in the same way as any other hospital investigation.

Do I need to drink water and have a full bladder before my scan?

You may need to have a full bladder when you come for the appointment. The doctor or midwife looking after you will let you know before you come. If you are not sure, you can contact them and ask.

What will happen when I go into the scan room?

Most scans are carried out by specially trained staff called sonographers. In order for the sonographer to get good images of your baby, the procedure is carried out in a dimly lit room. You will first be asked to lie on a couch. You will then be asked to raise your top to your chest and lower your skirt or trousers to your hips. Tissue paper will be tucked around your clothing to protect it from the ultrasound gel, which will then be put on your tummy. (The gel makes sure there is good contact between the machine and your skin.) The sonographer then passes a hand-held device called a probe over your skin. It is this probe which sends out ultrasound waves and picks them up when they bounce back.

The sonographer will carefully examine your baby's body. Having the scan does not hurt, but the sonographer may need to apply slight pressure to get the best views of the baby. A black and white picture of the baby will then be seen on the ultrasound screen. During the examination, sonographers need to keep the screen in a position that gives them a good view of the baby – either directly facing them or at an angle.

How long will my scan take?

A scan usually takes around 30 minutes. However, the sonographer may not be able to get good views if your baby is lying in an awkward position or is moving around a lot. If you are overweight, this can reduce the quality of the image, because there is more tissue for the ultrasound waves to get through before they reach the baby. If it is difficult to get a good image, the scan may take longer, or have to be repeated at another time.

If everything appears normal, what happens next?

Most scans show that the baby is developing normally, and no problems are found. This is because most babies are healthy and do not have abnormalities.

Will the sonographer tell me the sex of my baby?

Finding out the sex of your baby is not offered as part of the national screening programme, but this depends on the policy of your hospital.

Can I have a picture of my baby?

You will need to check if your hospital provides this service. If they do, there may be a charge.

Scan results and findings

Will I need another scan?

If everything appears normal, you will probably not need another scan.

Sometimes scan results can be uncertain and the sonographer may ask for a further opinion.

If the sonographer does not see everything clearly, perhaps because you are overweight or your baby is lying in an awkward position, you may have to have the scan repeated again on a different day. This happens quite often and doesn't mean the sonographer has seen anything to worry about. If the sonographer cannot get a good image of the baby after two separate attempts, you may not be offered another scan.

Will the scan say for certain whether or not there is a problem?

Not always. As we explained earlier, not every abnormality can be spotted by a mid-pregnancy scan. This means that in some cases, babies are born with abnormalities when no problem was identified by the scan.

What kind of problems can be seen?

Major structural abnormalities in the development of the baby such as spina bifida, are usually obvious on the scan and the sonographers and doctors can be absolutely certain of the findings. Scans are not so reliable at seeing problems such as some heart defects and we do not expect to pick up every heart condition before birth.

If a problem is found or suspected, you might be offered further tests.

Sometimes minor changes in the baby's body are seen. Usually these mean nothing at all, but sometimes we see a pattern which tells us there could be an underlying problem. Some minor problems may need follow-up care after the baby is born.

What will happen if a problem is found, or suspected, during the scan?

If any problem is found or suspected, the sonographer may ask for a second opinion from another sonographer or clinician. You would then be told what the concerns were, but the exact problem might not be clear at this stage.

If necessary, you will be referred to a specialist, possibly in another hospital. You should be given an appointment within a few days.

In most cases, further tests do not find a problem. However, any extra test can cause great anxiety for parents, and for some people the anxiety can last throughout the rest of the pregnancy.

You might be offered another test, such as an 'amniocentesis', to find out for certain if there is a problem. If you are offered further tests you will be given more information about these tests. You can then choose whether or not you want to have them.

You may want to ask questions and to talk about your worries with your own midwife or consultant. In many hospitals, a specialist screening midwife is available. Other sources of information and support are listed at the end of this section.

What will happen if a type of abnormality is definitely found?

This depends on the type of abnormality and how serious it is. Some abnormalities may turn out not to be serious and some get better on their own. In either of these cases you may be offered further scans throughout your pregnancy to monitor the condition.

Not every problem can be seen on a mid-pregnancy scan.

If the condition is serious someone will talk you through your options, which may include ending the pregnancy. If you need to make any decision, your midwife and the hospital team will give you time, support and information and they will respect your choice. Details of organisations and groups that can give you help and support are given on pages 41 and 42.

Can anything be done before the birth?

Finding out about a condition before birth can help parents prepare themselves, and sometimes it can help to plan treatment after the baby is born. For example, if your baby is known to have a problem that will need an operation soon after birth, such as the repair of a hernia in your baby's tummy, arrangements can be made to deliver your baby in a hospital where this can be done within the first few hours after birth.

Can the baby have an operation before it is born?

Unfortunately, only a very few problems can be treated in this way.

If you would prefer not to know, you need to think carefully about whether you should have a scan at all.

Who can I talk to if I have any questions or concerns about the mid-pregnancy scan?

You can contact your midwife or doctor and you can get more information about screening from the following organisations:

Antenatal Results and Choices (ARC) www.arc-uk.org
73 Charlotte Street
London
W1T 4PN
Helpline: 0207 631 0285
Email: info@arc-uk.org

Antenatal Results and Choices (ARC) provides impartial information and individual support to parents whether they are going through antenatal screening or whose unborn baby has been diagnosed with an abnormality.

Contact a Family (CAFAMILY)
www.cafamily.org.uk
209-211 City Road
London
EC1V 1JN
Helpline: 0808 808 3555
Email: info@cafamily.org.uk

Contact a Family is a charity which provides support, advice and information for families with disabled children, no matter what their condition or disability.

NHS Fetal Anomaly Screening Programme
www.fetalanomaly.screening.nhs.uk
Innovation Centre
Rennes Drive
University of Exeter
Devon EX4 4RN
Telephone: 0845 527 7910
Email: enquiries@ansnsc.co.uk

The NHS Fetal Anomaly Screening Programme is responsible for both the NHS Fetal Anomaly Ultrasound Screening Programme and the Down's syndrome Screening Programme for England.

References

In writing this booklet we referred to the following documents:

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