These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) at UC San Diego Health.

I. Background Information:
With appropriate additional training, midwives may perform limited ultrasound examinations. A limited obstetric ultrasound exam is not intended to replace a basic obstetric ultrasound, which is a well-defined and complex examination that is performed by a provider with specialty training.

II. Procedures
The Certified Nurse-Midwife at UCSD may perform limited abdominal or transvaginal ultrasound examinations in the first, second or third trimester to assess the following:
- Fetal Cardiac Activity
- Fetal Number
- Fetal Presentation
- Gestational Age
- Placental Location
- Amniotic fluid index (AFI)
- Cervical length

III. Settings
The CNM may perform ultrasound examinations as defined in this document in the following settings:
- UCSD Medical Center locations including Hillcrest and Jacobs Medical Center
- Outpatient clinics

IV. Supervision
Per the UCSD Medical Staff Bylaws all tasks are to be performed by a certified nurse-midwife under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics. The physical presence of the supervising physician is not required at the time the nurse-midwife is engaged in practice.

The CNM will notify physician immediately under the following circumstances:
1. Patient decompensation or intolerance to the procedure
2. Outcome of the procedure other than expected

V. Limitations
CNMs will not perform any exams beyond the scope defined in this document.
VI. Procedures:

FIRST TRIMESTER LIMITED ULTRASOUND

Data Base:

Indications:
1. Dating or Cardiac Activity
   • Confirmation of dates in first trimester
   • Confirmation of cardiac activity
   • Confirmation of intrauterine pregnancy

2. Fetal Number
   • Size greater than expected with no prior US

Subjective Data:
   • Last menstrual period and/or conception date
   • Menstrual cycle regularity, use of hormonal contraception, lactation or other factors affecting dating

Objective Findings and Management Plan:
1. Dating in 1st trimester (transvaginal or abdominal)
   • Identify the following:
     • Intrauterine gestational sac/ fetal pole/ embryo if present
     • Fetal number
     • Presence/absence of cardiac activity
     • Identify and measure crown rump length
     • Identify and measure gestational sac

     • If ultrasound size is consistent with dates, document in prenatal record and order further ultrasounds as clinically indicated
     • If size is less than or greater than expected age, confirm by formal ultrasound.

2. Fetal Cardiac Activity
   • If no heart tones visualized, refer to MD and/or confirm by formal ultrasound

3. Fetal Number
   • For S>D and one fetus, refer for formal ultrasound
   • If > 1 fetus; transfer to MD care and order formal ultrasound.

4. Consultation is indicated as above, as well as for the following:
   • Active vaginal bleeding
   • Inability to confirm intrauterine location of pregnancy
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• Inability to obtain adequate images for interpretation
• Unclear or abnormal findings

Documentation:

1. The CNM will document ultrasound findings in the medical record

PROCEDURE THIRD TRIMESTER LIMITED ULTRASOUND
Data Base:

Indications:

1. Confirm Fetal Presentation
2. Assess amniotic fluid volume
3. Confirm fetal cardiac activity
4. Assess cervical length

Objective Findings and Management Plan:

1. Fetal Presentation
   • For non-vertex presentations < 36 weeks; educate patient on breech exercises
   • For non-vertex presentations > 36 weeks, educate patient on breech exercises and consult for possible version and/or delivery plan
   • For non-vertex presentation on admission in labor, transfer to MD service.

2. Amniotic fluid volume
   • \( \geq 25 \) = Polyhydramnios
   • \(< 5 \) = Oligohydramnios
   • Fluid pocket > 2cm by 2cm
   • Consult for abnormal findings

3. Cervical Length (transvaginal)
   • Cervical length in centimeters
   • Consult with MD for all findings

4. Consultation is indicated as above, as well as for the following:
   • No evidence of cardiac activity, or abnormal fetal heart rate
   • Inability to obtain adequate images for interpretation
   • Unclear or abnormal findings
STANDARDIZED PROCEDURE
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REQUIREMENTS
Training and/or education requirements:
1. CNM must have privileges at UCSD Health

2. Didactic Component
   • Ultrasound course of at least 8 contact hours that includes:
     • Physics and instrumentation relevant to the exam being performed
     • Required elements and components as described by AIUM for the type of exam to be performed
     • The required anatomic landmarks as described by AIUM pertinent to the type of exam to be performed
     • Indications for types of exams being performed
     • Clinical implications of normal and abnormal findings
     • Ultrasound safety
     • Components of a complete ultrasound report
     • Client education

Methods for initial and continuing evaluation:
1. Initial Competency Assessment: 10 observed limited exams for each type of ultrasound.
2. Exams may be proctored by RNs in the antepartum testing unit, or by a previously approved nurse-midwife, nurse practitioner, sonographer, or physician.

On-going Competency Evaluation:

Monitoring via OPPE

DEVELOPMENT AND APPROVAL
This standardized procedure was developed through collaboration of nursing, the nurse-midwives, physicians, and administration at UCSD Medical Center. The Medical Staff Office will maintain a written record of those nurse-midwives authorized to perform the functions of this standardized procedure.

The method and timeline for periodic review of this standardized procedure will be every two years with the overall review of Clinical Practice Guidelines. This review is conducted by the Director of the UCSD Nurse-Midwifery Service and the Director of Maternity Services of the Department of Reproductive Medicine with revisions made as necessary.
VII. RESPONSIBILITY
Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call: 619-543-3438

VIII. HISTORY OF PROCEDURE
Revised by the Committee of Interdisciplinary Practices: 2/26/2014, 9/28/2016
Reviewed by the Medical Staff Credentials Committee: 3/5/2014, 10/6/2016
Approved by the Medical Staff Executive Committee: 3/20/2014, 10/7/2016