

Maternity Ultrasound Clinical Indication Codes

Code	Clinical indication	Comment
TA	Threatened abortion	Scan at time of bleeding (before 20 weeks gestation).
EP	Suspected ectopic pregnancy	Symptoms suggestive of ectopic pregnancy (e.g. abdominal pain) in the first trimester of pregnancy.
PM	Pelvic mass in pregnancy	Any palpable abnormality in early pregnancy.
UD	Uterus not equal to dates	Where there is a discrepancy > 4 weeks in the fundal height.
BA	Prior to booking screening for chromosomal abnormalities	When unsure of last menstrual period date.
CT	Consideration of termination	When dating is required prior to a termination of pregnancy in the first trimester.
NT	Dating and early evaluation for chromosomal abnormality	Nuchal translucency assessment between 12 weeks 0 days and 13 weeks 6 days; assessment for gestational age; diagnosis of multiple pregnancy.
NF	Early evaluation for chromosomal abnormality follow up	In cases where the first nuchal translucency scan was technically unsuccessful.
AN	Anatomy	Scan to assess fetal anatomy and placental position. Ideally performed after 19 weeks 0 days gestation.
AF	Anatomy follow up	In cases where the first anatomy scan was technically unsuccessful.
GR	Suspected growth abnormality	Clinical suspicion of abnormal growth of fetus (growth restriction or macrosomia) or suspected abnormal volume of amniotic fluid.
GF	Suspected growth abnormality follow up	To assess growth trend (2 weeks after GR scan).
PL	Check placenta	To check placental location in the third trimester where it has previously been identified as low lying.
AH	Antepartum haemorrhage	Scan at time of bleeding (after 20 weeks gestation).

Code	Clinical indication	Comment
AP	Abdominal pain	Abdominal pain in pregnancy.
MP	Malpresentation	To assess fetal presentation, position and size, after 36 weeks.
FC	Suspected fetal compromise	Scan to assess fetal wellbeing where there has been a significant reduction in fetal movements.
FD	Suspected intrauterine fetal death	Scan to confirm fetal death.
PP	Maternal postpartum	For suspected retained products or unusual postpartum bleeding.



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