GROWTH SCAN (AFTER 24 WEEKS)

WHAT IS THE PURPOSE OF THE SCAN

The primary aims of the growth scan are;

1. To confirm a viable (alive) pregnancy. This is achieved by demonstrating a beating fetal (baby) heart.

2. To provide information about the size of the baby and its growth velocity (how well it is growing).

3. To describe the position of the placenta (afterbirth). The 20 weeks scan should have clearly described the placenta’s position. This scan can confirm earlier findings or show that a previously low placenta has moved higher up the womb.

If Doppler studies are to be done their aims are;

4. To check the blood flow from the baby towards the placenta.

5. To check the blood flow in critical baby circulations circuits like the brain and the liver.

Other information that can be obtained;

- The baby’s presentation (whether the baby comes head or bottom first): This is important after 36 weeks or if you have signs of preterm labour.

- A scan at this stage of the pregnancy is NOT very accurate in estimating when your due date is. We will only use it for this purpose if no previous scans have been done and the mother does not remember her last period.

- The purpose of a growth scan is not to perform a full anatomical survey. This should have been done at 20 weeks. If this is required then extra time needs to be allocated. Some parts of the baby’s body are more difficult to be examined at this late stage.
HOW IS THE SCAN DONE?

The scan is done transabdominally. This means the probe that produces and receives ultrasound waves touches your lower abdomen (tummy) and allow us to get views of the uterus (womb) and the baby. Special gel is used to improve contact between the probe and your tummy.

Very rarely a transvaginal (internal) scan is needed. This means that a special probe is inserted in your vagina. By approaching the baby from a different angle some structures may be seen better this way. The common reasons to do an internal scan after 24 weeks are

1. To check how long the neck of the womb is (cervix)
2. To check the position of the placenta and exclude a placenta previa (placenta that covers the exit of the womb)

The doctor will explain to you the type of scan that needs to be done and a chaperone will be in the room during internal scans.

Having an ultrasound scan should not be painful. At later stages of the pregnancy it is not usually easy to lie on your back. Take your time to get comfortable. The examination bed back should be elevated. If in any case you feel uncomfortable let the doctor know as he/she is usually concentrating at the ultrasound screen.

What about having a full bladder? A full bladder helps with transabdominal scans in early gestations. In the third trimester it does not make such a difference so do not worry about it.

Should I bring my friends and family with me? Although the scan is usually a very pleasant experience still the doctor need to concentrate as it is an important medical examination. In most cases it is best if your partner or just one a friend/relative accompanies you at the scan room.

WHAT INFORMATION WILL I GET?

At the end of the scan you will be given a report which will describe basic growth measurements and if there were any particular difficulties during the scan.

The report will contain the estimated weight of the baby (at the time of the scan). Even at best hands weight estimation is +/− 10%. This is especially true for scans after 37 weeks and when the baby is bigger than average. The doctor will explain to you the report findings and whether anything needs to change with your pregnancy management.

The purpose of the growth scan in most cases is to check the baby’s growth and not its anatomy. If there are specific anatomical structures (parts of
the baby) that need to be checked please alert the person who is performing the scan. **This is very important especially if you did not have the anomaly scan in our Fetal Medicine Unit.**

Please note that **scans are not foolproof**. They do not show all the anomalies/problems and in some occasions anomalies can be missed. **A normal scan is not a guarantee of the delivery of a perfect baby.**

Sometimes it is difficult to get good views of the baby. Common reasons for this is the baby’s position, an overweight mother or scar tissue from previous operations. In such cases the scan might need to be repeated another day.

Usually we will be able to comment on the baby’s sex at this stage. Please make sure that you let the doctor know if this is something that you want or do not want to know before the scan starts. Although doctors and sonographers are pretty good in finding the baby’s sex at this stage you should be aware that

1. It is not 100% accurate
2. It is not one of the primary aims of the scan and it might not be possible to be seen during the allocated time.

**WHAT ARE THE RISKS FOR MY PREGNANCY?**

Ultrasound scanning has been routinely used in obstetrics for more than 20 years. Routine scanning does not pose any risk to your baby or yourself.

**WHAT IF THERE IS A PROBLEM?**

Most scans are happy experiences but sometimes problems are either seen or suspected. At this stage of the pregnancy possible problems that can be picked up are

1. A baby that is too small or on occasions too big (this usually applies to diabetic mothers). The doctor will explain to you the findings and suggest appropriate follow up. We will inform your Obstetrician and provide you with a joined plan of care.

2. There is too much or too little liquor around the baby. The doctor will explain to you the findings and suggest appropriate follow up. We will inform your Obstetrician and provide you with a joined plan of care.

3. A low lying placenta. If the placenta has not moved sufficiently far away from the cervix (exit of the womb) then you will need to discuss with your Obstetrician whether a C/S is necessary.

**Genesis Perinatal Care Clinic**

Unit 205, 2nd Floor, Building #49 Dubai Healthcare City
T:04 44 98446, FAX: 04 44 18373, W: [www.genesis-dubai.com](http://www.genesis-dubai.com)
4. The baby is breech (bottom down). Breech babies tend to be more difficult to deliver vaginally (normal delivery). After 36 weeks this will need to be discussed with your Obstetrician and decide on a plan for delivery.

5. Suspicion or evidence of a structural anomaly (problems relating to how the baby has developed). The doctor will explain the findings to you and depending on the problem explain what are the implications for you pregnancy and the baby. In some occasions further tests may be needed to clarify the diagnosis.

WHAT IF I STILL HAVE QUESTIONS ABOUT MY SCAN?

Please feel free to ask your questions to our specialist midwife or the doctor performing the scan before the scan starts.

At the end of the examination the doctor will explain the scan finding and this will be a good time to ask questions that may come up during the examination.

Dr George Michailidis MRCOG
Specialist in Fetal & Maternal Medicine
Consultant Obstetrician & Gynaecologist