Advancing Fetal Health: Key Guidelines for Second Trimester Ultrasound Screening

A Comparison of the ACR and ISUOG Guidelines

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Introduction/Purpose

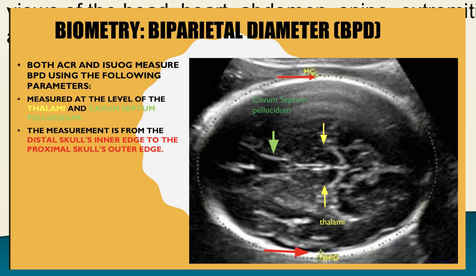
There are varying standards of fetal care worldwide. The International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) sets the standard in Europe, while the American College of Radiology (ACR) guides care in the United States. Comparing these guidelines is crucial, especially as patients may transfer care across continents during pregnancy, to ensure consistency in prenatal care.

Methods

The ACR and ISUOG guidelines were analyzed and compared in scan timing, cardiac activity, amniotic fluid index (AFI), placental evaluation, umbilical vessel assessment, and target populations.

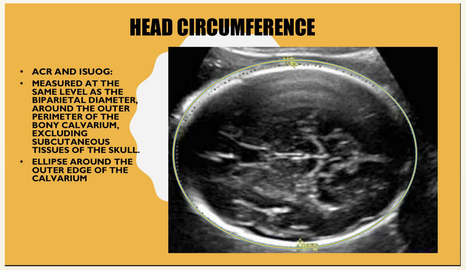
Results

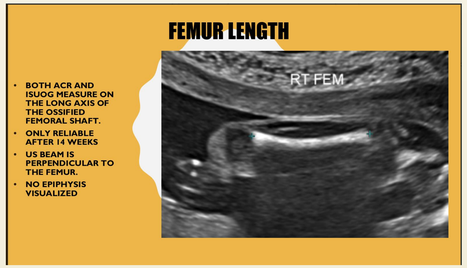
Using a case-based format, the ACR and ISUOG guidelines were reviewed and compared. Both recommend scanning all pregnancies but suggest more detailed or frequent scans for high-risk cases. The ACR defines high risk as medical conditions like hypertension or diabetes, while ISUOG includes pregnancies from assisted reproductive technologies. Both recommend scans between 18-22 weeks. Anatomy assessments are similar, requiring detailed views of the head, heart, abdomen, spine, extremities,

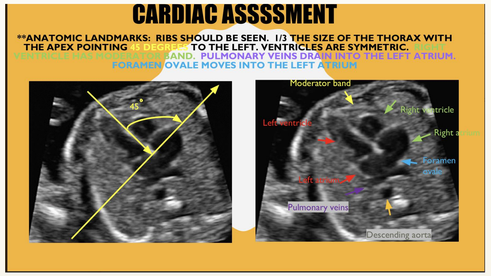


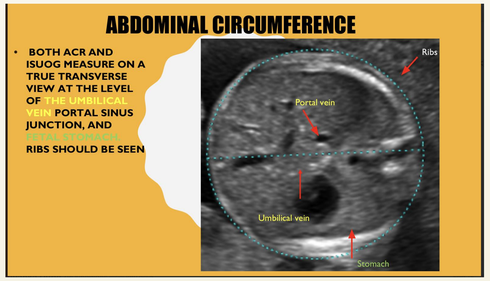
Results continued

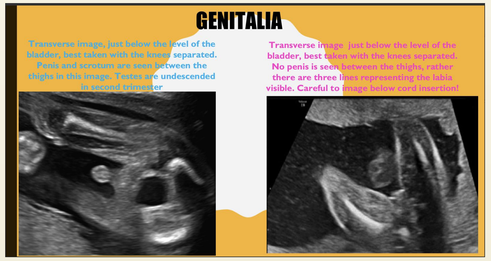
ISUOG adds that additional views should be taken when anomalies are suspected. For cardiac activity, both recommend a four-chamber view, with ISUOG advising optional outflow tract views for high-risk pregnancies. The ACR prefers the deepest vertical pocket method for AFI, while ISUOG allows subjective assessment. Both emphasize placental and cord insertion evaluation, but the ACR focuses more on screening for vasa previa and placenta accreta, while ISUOG stresses detecting velamentous cord insertion. Both suggest confirming a three-vessel umbilical cord.

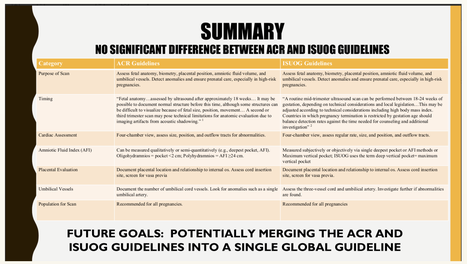












Conclusion

Comparing these guidelines highlights differences in care standards, promoting global consistency in prenatal care. Future comparisons should include standards from other continents to gain further insight into standards of care worldwide.

References

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