

STANDARD OPERATING PROCEDURE

Presentation scanning for Midwives

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RATIFIED BY : Perinatal Governance Group (Rapid Ratification as Per Covid-19 Governance)	DATE: 4/9/2023
VERSION 1.0	REVIEW DATE: September 2026

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PURPOSE

If a midwife or suspects a breech or malpresentation from 36 weeks of pregnancy, women are referred to maternity triage for assessment by the labour ward team or a departmental scan is arranged. We have also had a number of women who have presented with an undiagnosed breech in labour and have been induced with a breech presentation. This has led to an increased demand for presentation scanning.

OBJECTIVE

Initially to train the band 7 midwives to perform a presentation scan with a view to expanding this to those midwives working in DAU/triage and on Joan Booker ward.

A presentation scan would include being able to determine the fetal presentation, lie and confirmation of fetal heart activity. If any problem was found identifying fetal heart activity then this would be escalated immediately for a second opinion.

Midwives trained to perform presentation scans improve the quality of the service by:

1. Increased speed of access to ultrasound
2. Reduced waiting times and therefore reduced anxiety for the women
3. Lessening the use of sonographer time
4. Reducing work load for sonographers and obstetric registrars
5. Working towards senior midwives being able to provide initial counselling re ECV/mode of delivery at the same time as the scan when a breech presentation is confirmed

SCOPE

This guidance is relevant to following staff groups:

- All midwifery, maternity assistant and administrative staff who work in maternity
- All medical staff working within the Obstetrics and Gynaecology team – Consultants, Middle Grades and Juniors
- All staff working to manage the patient pathway –Specialist Nurses, Consultants, Service Manager

COMPETENCIES

- To complete a training programme (detailed below in process) for presentation scans in women over 36 weeks gestation including RCM Delivering Unexpected News in Pregnancy (1 hour)
- Be able to discuss mode of delivery including ECV or planned caesarean section

INDICATIONS

Any patient over 36 weeks that there is concern over the fetal presentation and lie
 Working towards patients being scanned before having an induction of labour

PROCESS

1. The Fetal Medicine Consultant/lead sonographer will co-ordinate the implementation of this process with help from the CPE team
2. The midwife will need to present the Labour Ward Manager/Matron the certificate of completion of the RCM Delivering Unexpected News in Pregnancy e learning course before being enrolled in the training.

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3. The midwife will need to have a short tutorial with a fetal medicine Consultant on how to use the portable scan machine before embarking on the training programme
4. The midwife will keep a log of the cases that they have scanned, and this will be submitted to the CPE team at the end of their training
5. By the end of the training the midwife will be able to identify the fetal presentation, lie and fetal heart pulsation
6. The first 2 USS will be observation of a Consultant Obstetrician or a sonographer who is able to perform a presentation scan. The following 10 USS's will be supervised by a band 7, a Consultant Obstetrician, registrar or a sonographer who is trained to do a presentation scan. The 12th (final) USS must be completed by a Consultant Obstetrician who is trained to do a presentation scan.
7. Training is offered on the labour ward and in maternity ultrasound
8. The log of cases and competency documents are attached –appendix 1
9. Once the training has been completed then the midwife will need to keep a copy of the competency documents and a copy passed to the CPE team. The CPE team will be responsible for maintenance of the skills register
10. Practitioners must be individually confident to undertake and maintain independent practice. It also important for practitioners to keep individual logs of experience
11. Once signed off the midwife must notify their ward manager

RESPONSIBILITES

All clinical staff trained in scanning for presentation within maternity are responsible for complying with this policy.

AUDIT

Regular audit of this pathway should be provided by the CPE team

References: -

1. Knowledge sharing and basic ultrasound skills for Midwives.
 F. Ajibade, S. Hirsi-Farah, M. Selinger. Ultrasound in Obstetrics & Gynecology Volume 46, Issue Supplement S1, Article first published online: 1 OCT 2015. [P13.05: Knowledge sharing and basic ultrasound skills for midwives \(MWs\) - Ajibade - 2015 - Ultrasound in Obstetrics & Gynecology - Wiley Online Library](#)

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11.

12.

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	Observed		Performed											
Date														
Counsel patient about procedure and gain consent														
Appropriate probe selection and set up of the machine														
Establish lie														
Confirm presentation														
Confirm fetal heart beat														
Communicates results and uncertainties to woman, discussion to take place when absent fetal heart is identified. Communication to woman and processes.														
Discuss appropriate referral if indicated														
Documentation on Badernet														
Facilitator's signature														
Proceed to independent practice			Signature					Date						
Need for further practice			Signature					Date						

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