SMFM Resolution

WHEREAS, Obstetric ultrasound examinations are a common component of antenatal care, but their quality, accuracy and safety depend not only on patient characteristics such as gestational age and body habitus, but also on the equipment used, the skill of the individual who performs the exam, and the physician who interprets it; and

- Ultrasound equipment that does not undergo periodic service maintenance may lower the quality of images and the predictive value of measurements obtained; and
- The person who performs the exam must understand and implement the ALARA (As Low as Reasonably Achievable) principle to minimize risk to the patient and fetus, and is also responsible for the technical quality and storage of the images, whether images and measurements are appropriately obtained, and whether the examination is complete; and
- The interpreting physician must recognize the sonographic appearance of normal and abnormal fetal and maternal anatomy, evaluate the quality and completeness of the study and identify any limitations it may have, make a diagnosis based on the images, and produce a report that includes comment on all required components of the exam and communicate these results to the referring provider in a timely fashion; and

Whereas, There is wide variation in the quality of obstetric sonograms[1,2,3]; and the current variation in the quality of obstetric sonograms is contrary to the goal of raising the standards of prevention, diagnosis, and treatment of maternal and fetal disease; and

Whereas, Ultrasound practice accreditation, which is offered by the American College of Radiology and the American Institute of Ultrasound in Medicine, was developed to improve the quality of ultrasonography and promote adherence to accepted guidelines; and

- The accreditation process reviews the qualifications of physician and non-physician personnel, equipment maintenance, policies, quality assurance measures, and actual case studies in order to assess a facility's diagnostic ultrasound services; and
- Accreditation is granted for a period of 3 years, after which the practice must demonstrate that it has maintained or improved its level of performance; and
- An article published in 2004 documented significant improvement in the scores of cases submitted for re-accreditation when compared to the scores received on case study submissions from the practices' initial applications for accreditation[4]; therefore be it

RESOLVED, That the Society for Maternal Fetal Medicine recommends that whenever possible obstetrical ultrasounds done by Maternal Fetal Medicine Subspecialists be performed in appropriately accredited practices.

1. Smulian, et al. Community-based obstetrical ultrasound reports: Documentation of compliance with suggested minimum standards. 1996; J Clin Ultrasound 24:1223-127
2. O'Leary, et al. Regional variations in prenatal screening across Australia: Stepping towards a national policy. Australian and New Zealand J of Obstetrics and Gynaecology 2006; 46:427-432
3. Salomon, et al. The science and art of quality in obstetric ultrasound. Curr Opin Obstet Gynecol 2009; 21:153-160
4. Abuhamad, et al. The accreditation of ultrasound practices: Impact on compliance with minimum performance guidelines. J Ultrasound Med 2004; 23:1023-1029