

May 2025

To all BC primary care providers supporting the maternity population:

As of March 2025, a revised [Perinatal Services BC Obstetrical Ultrasound Standards](#) document has been published and is being implemented by radiologists and medical imaging sites throughout the province. This revised document ensures that provincial standards align with best practices (including the SOGC Clinical Practice Guideline, No. 456 Nov 2024). To translate these new OB ultrasound standards to clinical practice, related clinical care topics on 1st trimester ultrasound and 2nd/3rd trimester ultrasounds are being developed for primary care providers and will be available on the PSBC Perinatal and Newborn Health Hub.

Ultrasound Resources page for primary care providers: <https://www.psbchealthhub.ca/screening-programs/966>

KEY PRACTICE CHANGES FOR PRIMARY CARE

- 1) A first trimester dating ultrasound is recommended for all pregnant women/people, ideally timed between 11 and 13 weeks gestational age. Earlier ultrasounds should only be done if clinically indicated (e.g., bleeding, query or previous ectopic)**

A dating scan at 11 to 13 weeks offers the opportunity for basic anatomical assessment and potential for early detection of a large proportion of severe structural anomalies without compromising dating accuracy or prenatal screening for Down syndrome, nor adding to the total number of routine examinations in the pregnancy.

- **For those choosing SIPS/IPS:** the first blood draw can be done based on last menstrual period (LMP) or immediately after the dating scan. For nuchal translucency (NT) ultrasound timing, some NT ultrasound sites may require an early dating scan (7 to 10 weeks) to ensure the NT ultrasound scan occurs within its necessary gestational window (11 to 13+6 weeks). Some sites will accept LMP dating or point of care (POC) ultrasound dating.
- **For those choosing first tier prenatal cell-free DNA screening (commonly known as NIPT):** a dating ultrasound at 11 weeks with the NIPT blood draw occurring after the scan ensures fetal viability prior to testing and decreases the chance of a no result.

- 2) The World Health Organization (WHO) fetal growth chart is now the standard biometry reference chart in B.C.**

Head circumference (HC), abdominal circumference (AC), femur length (FL), and estimated fetal weight (EFW) percentiles for corresponding gestational age are reported. Measuring and reporting of biparietal diameter (BPD) is no longer required and is discouraged.

3) Assessment of fetal genitalia is now part of the 2nd trimester routine anatomical screening checklist.

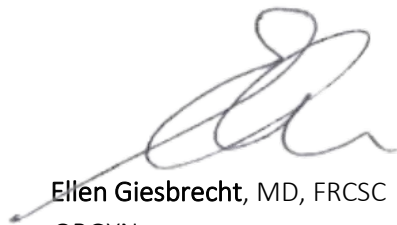
Individual hospitals/regions may have their own protocol as to whether to disclose the fetal sex to the family at the time of the examination or document the fetal sex in the report. Families can choose to know or not know fetal sex and should be asked of their choice at the ultrasound appointment and at the time of review of the results with their primary care provider.

IMPORTANT REMINDER

Filling out the ultrasound requisition with full demographics, clinical info, and the ordering provider or covering care provider's phone contact is key to best practice. Radiologists need to be able to phone the ordering provider as soon as possible if abnormal results are identified.



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