



**Local USS is a non-tertiary USS**  
Consider DMI referral within RBWH, or community ultrasound

\*Tertiary morphology USS indicated if elevated risk of structural anomaly. Risk of SGA/FGR is appropriate for non-tertiary screening (CFTS, morphology), and tertiary growth ultrasounds from 24 weeks

**MFM referral at any gestation for case management:**

- HIV +ve
- Transgender

**FURTHER ULTRASOUND ASSESSMENT**

**MATERNAL DIABETES**

T1DM

T2DM

GDM

HbA1c >6.5%

HbA1c <6.5%

No HbA1c

MFM

MFM

Morphology  
Growth USS  
frequency  
as per MFM

24 wk growth  
+ cardiac

Local

30 + 36 wks

**MATERNAL COMORBIDITIES**

**High risk of placental insufficiency:**  
Significant maternal medical conditions e.g.:

- Essential hypertension (medicated)
- Epilepsy (medicated)
- Autoimmune (RA, SLE, APLS)
- IBD (Crohn's /Ulcerative Colitis)
- Renal impairment
- Congenital cardiac disease
- Graves' Disease
- Gastric bypass

Previous early FGR or PET ( $\leq 32$ wks)  
Previous stillbirth with FGR/SGA  
Other PMHx with significant risk of SGA/FGR

**Risk factor for placental insufficiency\*:**

High BMI (>35)  
Advanced Maternal Age (>40yo)  
Smoker  
IVF  
Substance use

Prior late  $\geq 32$ wks SGA/FGR  
PappA <0.4MoM

24 wk – growth +  
Uterine Artery Dopplers

MFM

Ongoing USS frequency as per MFM

**CLINICAL INDICATION**

Clinically SGA / LGA  
APH  
Threatened Pre Term  
Labour  
Cervical length  
monitoring  
Low lying placenta

Local

26-28 wks + 34-36 wks

Local

**Refer to MFM at any gestation if USS diagnosis of:**

- SGA (Estimated Fetal Weight or Abdominal Circumference <10<sup>th</sup> centile)
- USS suspicion of placenta accreta spectrum
- Structural abnormality
- Cervical length <15mm at <24 wks
- Polyhydramnios (DVP>10cm)
- Abnormal dopplers

**Otherwise complex, call MFM Fellow #78511 (07 3647 8511)**

\* Safer Baby Bundle, V2. May 2022.