# Presentation ultrasound for midwives – Clinical Assessment Tool

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HE#:

## Outcome

Practical assessment in ultrasound scanning at 35 weeks completed of pregnancy or above, to determine fetal presentation. Assessed according to each performance criteria.

## Preparation

## Theory

Complete the following online WNHS presentations – located in MyLearning:

* Ultrasound knobology
* Ultrasound scanning techniques and orientation link

Read and understand relevant policy and work instructions:

* [OSH](https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/NMAHS/Corporate/NMHS.AW.OccupationalSafetyAndHealthPolicy.pdf)
* [IMP](https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/NMAHS/WNHS/WNHS.IC.HE.ReprocessingUltrasoundTransducers.pdf)
* [Abnormalities of lie/ Presentation](https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/NMAHS/WNHS/WNHS.OG.AbnormalitiesOfLiePresentation.pdf)

### Supervised practice

**Supervisor**

* + WNHS staff member who performs ultrasound presentation scans.
  + WNHS staff member deemed competent in ultrasound scanning.

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Date** | **Supervisor Initial** |
| Perform supervised presentation US |  |  |
| Perform supervised presentation US |  |  |
| Perform supervised presentation US |  |  |
| Perform supervised presentation US |  |  |
| Perform supervised presentation US |  |  |

|  |  |  |
| --- | --- | --- |
| **Previous competency (or competency from other health service)** | **Date** | **Supervisor Initial** |
| Assessed on individual basis; this may or may not include a supervised practice. |  |  |

## Performance criteria

To be completed and signed by the supervisor. (A=achieved, NA= not achieved)

|  |  |
| --- | --- |
| **Date:** | **A/NA** |
| **Preparation:** | |
| * Identifies indications for US to confirm cephalic presentation at, or near term:   + **Greater than or equal to 35 weeks gestation**   + Singleton pregnancy   + Verbal consent   + BMI < 40 |  |
| * Identifies contra-indications for US to confirm cephalic presentation at, or near term:   + Less than 35 weeks gestation   + Multiple pregnancy   + Consent declined   + BMI > 40 |  |
| **Technique:** | |
| * Switch on US scanner |  |
| * Apply US gel to transducer probe |  |
| * Hold transducer probe correctly with probe marker towards womans head. |  |
| * Correctly position transducer probe perpendicular to woman’s abdomen, in transverse plane, superior to symphysis pubis bone. |  |
| * Perform scan to identify cephalic or non-cephalic presentation by presence or lack of white elliptical shape (depicting the fetal skull). |  |
| **Post procedure:** | |
| * Verbalises post procedure plan |  |
| * If cephalic presentation:   + Continue with care as per AN schedule |  |
| * If non cephalic presentation:   + Refer for medical officer to confirm presentation and review   + Discuss different options – ECV, elective CS or vaginal breech birth   + Document collaborative plan (in partnership with woman) |  |

|  |  |  |
| --- | --- | --- |
| **Comment:**  ⃝ Competency achieved ⃝ Competency NOT achieved | | |
| **Supervisor Name:** | | Designation: |
| **Signature:** | Date: | |

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