

The Antenatal Screening Wales agreed All Wales fetal anomaly screening scan standard checklist (2016) incorporated into RadIS release April 2018

- ASW Revised Policy, Standards and Protocols (2015) state that the sonographer performing the fetal anomaly scan should complete the agreed all Wales standard screening scan checklist if possible (US22).
- The checklist below is the final agreed version (2016) submitted to RadIS for the development of the RadIS 2.3.203.1 which was released in April 2018.
- The RadIS 2.3.203.1 reporting module incorporates this standard scan checklist and RadIS reporting module will generate a scan report which contains the following text: 'The ultrasound scan was performed to Antenatal Screening Wales standard. [ASW April 2016]'
- The RadIS 2.3.203.1 reporting module is being rolled out across all Health Boards at present
- Whilst waiting for this release health boards should continue to amend their reports to include changes to nuchal fold, 3VTV, thorax, hands and feet to reflect the 2016 fetal anomaly scan menu below
- The nuchal fold is included in RadIS 2.3.203.1 release under non-essential. With the introduction of the new ultrasound observations (marker) pathways there is no requirement for this to be reported as of 1st August 2018.

Agreed All Wales fetal anomaly screening scan standard checklist

Essential	
Skull	Bone density and shape within normal limits.
Cavum Septum Pellucidum	Present
Cerebellum	Normal bilobed shape and size commensurate with gestational age
Ventricles	Normal, and if measured, ventricles \leq 10mm at atrium. Measurement at atrium of the lateral ventricles should be taken at the level of the glomus of the choroid plexus bisecting the long axis of the ventricle*.
Lips	Upper lip intact with no evidence of clefting
Spine	Coronal, axial and sagittal spine normal. Skin is intact
4 Chamber cardiac view and situs	Standard 4 chamber view confirmed with normal situs Equal sized right-left atria and ventricles with two separate-patent inlet valves. The stomach, descending aorta and cardiac apex are all seen on the left side of fetal spine.
Right ventricular outflow tract	Arising from the right ventricle and passing posteriorly and dividing into three vessels; the right and left pulmonary arteries and the ductus arteriosus.
Left ventricular outflow tract	Arising from the left ventricle and passing to the right of the fetus and crossing the right ventricular outflow tract.
3 Vessel Trachea View	The long axis of the main pulmonary artery communicating with the ductus arteriosus and the long axis of the aortic arch and forming a V shape with the trachea situated to the right of the aortic arch and posterior to the superior vena cava
3 Vessel View (optional)	Pulmonary artery, transverse aortic arch and SVC are all aligned from the left to right in order and on the same straight line; pulmonary artery and the aorta are of the similar sizes, the SVC being the smallest vessel. This definition needs to be replaced locally with optional view if this view is not included at the site.
Thorax	Normal thoracic size and echogenicity of lungs
Stomach	Normal sub diaphragmatic position of the stomach.
Abdominal Wall	Cord inserting into the anterior abdominal wall. No wall defect
Kidneys	Two normally sited appropriate size renal outlines with pelvicalyceal diameter < 5.0mm (anterior posterior diameter), if measured.
Bladder	Present and normal size
Hands	Metacarpals present
Feet	Metatarsals present
Placental Site	Statement of placental site e.g. anterior, posterior etc. Placenta not extending over internal cervical os (NICE 2003 guidance)
Amniotic Fluid Volume	Normal volume. No subjective evidence of oligohydramnios or polyhydramnios

*For a pictorial example of this measurement please refer to the image and diagram in *Ultrasound in Obstetrics and Gynecology*(2007); 29: page 112 (<http://www.isuog.org/NR/rdonlyres/C3B608A8-5C6D-4D49-8C7B-E7CF5F5116C9/0/ISUOGCNSScreening.pdf>)