Morphology

Preparation

- It is recommended that patients wear loose comfortable clothing with easy access to the abdomen area (without zippers, buttons, jewellery or metallic accessories)
- Arrive 10-15 minutes prior to the appointment to complete paperwork.
- The patient is required to drink fluids and refrain from going to the toilet, ensuring the patient is not uncomfortably full.
- The patient is provided images of the foetus.
- We request that no photographer or video is performed during the examination.
- Patients should advise the sonographer as to whether they would like to know the sex of the baby or not.

Procedure

- A sonographer will call the patient name and escort the patient through to the examination room
- The sonographer will provide information about the procedure prior to commencing the scan, providing ample time to answer any questions the patient may have.
- The patient will be asked to lay down on the examination table
- The abdomen is exposed and water-based gel is applied to the skin
- A transducer is glided gently over the abdomen by the Sonographer. Patients generally are able to view the image of the foetus on the imaging screen.
- The patient may be asked to perform different movements/positions during the procedure.
- The sonographer will take many measurements of the baby such as the head size, length of baby and the fluid at the back of baby's neck, as well as looking at the placenta and the cervix.
- The patient may be asked to perform different movements / positions
- Patients should advise the sonographer as to whether they would like to know the sex of the baby or not.

Risks or Side Effects

- There are no known risks or side effects of the morphology scan.
- Determining the sex of the baby is not always possible and assessments are not 100% accurate.
- An ultrasound is about 60% accurate in detecting abnormalities.
- An ultrasound is about 50% accurate for Down syndrome
- 1-2% of pregnancy ultrasound scans identify major structural abnormalities.
- Many conditions are not identified as an abnormal finding on ultrasound (e.g. autism, intellectual disability, cerebral palsy, etc) and a 'normal' ultrasound result does not necessarily mean normal development will continue throughout infancy.
- If an abnormality (or risk of abnormality) is detected, this will be explained to the patient by the referring doctor – additional tests such as amniocentesis or chorionic villus sampling may be required
- If the foetus is unable to be viewed adequately, the patient may need to return for further scanning.