Excellence of Care:
Standards of Care for Providing Ultrasound and Other Medical Services in a Pregnancy Resource Clinic

Clinical practice guidelines are common within the medical field, with over 1,500 issued in the past decade. Within the medical arm of the pregnancy center movement, there has been an increasing awareness of the need to give some guidance and standards to those performing ultrasound examinations at their centers. The Physicians Resource Council of Focus on the Family has assisted in drafting, reviewing and approving these evolving standards. The authors agree that if a center follows these guidelines, they will be giving care within the medical scope of practice for pregnancy centers doing ultrasound exams and providing other limited medical services.

Guidelines for Performing Ultrasound Examinations in the Pregnancy Resource Clinic

I. General Standards
   A. The clinic will operate under the supervision of a physician serving as the medical director. If the medical director does not have obstetrical experience, the clinic will have a local physician with obstetrical training available for consultation.
   B. The medical clinic should strive to have trained medical personnel on site whenever the clinic is open. At those times when a physician or a nurse is not on site, one will be available by phone for consultation.
   C. A nurse manager who reports to the medical director will supervise the medical operations of the clinic.
   D. Services will be provided for abortion-minded and abortion-vulnerable women to help them in the decision-making phase of their pregnancy. The provision of ultrasound services to women who are not abortion-minded or abortion-vulnerable is at the discretion of the medical director. Ultrasound examinations are a medical procedure requiring a physician’s order, supervision and review. Ultrasounds will be performed only for appropriate medical indications by certified, medically appropriate staff. LPNs and x-ray technicians may be allowed to perform limited ultrasound scans depending on the scope of practice in the state.
   E. The medical clinic will adhere to all applicable licensing requirements.
      1. All physicians, nurses, sonographers or x-ray technicians will hold current state-appropriate licensure, certification and/or registration.
      2. The clinic will acquire any necessary state licensure.
      3. The clinic will acquire a CLIA waived test status to do pregnancy tests in states that consider this necessary.
   F. The clinic will obtain and maintain medical malpractice insurance.
   G. The clinic will adhere to the standards set for medical clinics by OSHA.
   H. The clinic should follow the guidelines for obstetrical ultrasound set forth by one of the nationally recognized organizations in the field: ACOG, AIUM or AWHONN. The clinic should not perform ultrasound examinations of clients unless it has an established obstetrical referral mechanism.
   I. The clinic will establish and follow a policy and procedures manual. It will be reviewed and updated regularly.
II. Keys to Medical Excellence

A. Role of the medical director
1. Must possess a current license to practice medicine and function in accordance with the state’s board of medical examiners.
2. Agrees with the center’s statement of faith, mission statement and Bylaws.
3. Adheres to a consistent pro-life medical position and practice.
4. Is reliable and respects confidentiality.
5. Oversees the nurse manager and meets with him/her on a regular basis.
6. Oversees the physician volunteers in the clinic.
7. Reviews and signs every ultrasound chart or has this done by a physician designee; at his/her discretion, reviews and signs other medical charts (such as pregnancy tests) or has this done by a physician designee.
8. Reviews and approves clinic medical policies and procedures; drafts clinic standing orders for medical care.

B. Role of the nurse manager
1. Must possess a current nursing license and function in accordance with the licensing board of their state.
2. Agrees with the center’s Statement of Faith, Mission Statement, and bylaws.
3. Adheres to a consistent pro-life medical position and practice.
4. Is reliable and respects confidentiality.
5. Operates from strengths but recognizes limitations.
6. Acquires the knowledge base needed to care for patients and perform duties with excellence.
7. Provides support, mentoring and medical back up to medical and non-medical volunteers.
8. Oversees adherence to all policies, procedures and protocols.

C. Role of the ultrasound exam
1. Because imaging technology continues to advance, the clinic should periodically determine that its ultrasound machine produces quality images comparable to accepted standards of care.
2. There will be a medical indication and a physician’s order for an ultrasound exam.
3. The clinic will develop protocols for screening and selection of clients for ultrasound exams.
4. Ultrasound performed by personnel other than a competent physician will be performed according to clinic standing orders.
5. The medical director may determine that certain medical conditions, gestational age of the pregnancy or other parameters may exclude a client from an ultrasound exam.
6. Each clinic will develop an informed consent form for the clients to sign which specifically states the indications for the ultrasound and what information the scan will and especially will not address.
7. The clinic must stress that the ultrasound exam does not constitute ongoing prenatal care and resources and referrals for prenatal care will be given to the client.

III. Role of Nurses (and X-ray Technicians) in Limited Ultrasound

A. Registered Nurses (and if allowed by the state, LPNs and x-ray technicians) may perform ultrasound exams.
1. Nurses must possess a current nursing license and function in accordance with the licensing board of their state. X-ray technicians must be certified and function in accordance with the standards set by their state.
2. They must possess the body of knowledge necessary to assess the significance of normal and abnormal findings.
3. They must complete an ultrasound course that adheres to AWHONN, ACOG or AIUM guidelines.
4. They must have continual hands-on ultrasound training with a professional skilled in ultrasound until they are deemed competent. This professional may be a competent registered diagnostic medical sonographer, physician or nurse. Competency should be established according to the written policies and procedures of the clinic.
5. Prior to performing ultrasound exams, the medical director or designee evaluates the nurse’s or x-ray technician’s competency, and a letter of competency from the medical director is placed in the individual’s file.
6. The nurse or x-ray technician will undergo ongoing assessment of competency.
B. First Trimester
1. Using M-mode, fetal heart motion (or lack thereof) is measured and documented.
2. The uterus is scanned in both the longitudinal and transverse planes. The gestational sac or fetus is imaged and labeled.
3. The yolk sac, preferably with the fetus in the image is documented.
4. If multiple embryos are present, the fetal number is documented.
5. The medical director will decide what additional aspects of a limited scan, including scanning of adnexa, will be done by the nurse or x-ray technician under his/her direction. See appendix for further discussion.

C. Second and Third Trimesters
1. Using M-mode, the fetal heart motion (or lack thereof) is measured and documented.
2. Documentation of fetal biometry and fetal scan shall be determined at the discretion of the medical director.

D. Documentation
1. Written ultrasound report accompanied by videoprint pictures will be completed by the nurse or x-ray technician performing the scan. This is the minimum required documentation. Alternative documentation includes videotape.
2. Every ultrasound scan will be reviewed and signed in a timely fashion by a physician qualified to read the ultrasound scan.
3. Clients will be given pictures as determined by the medical director. Any pictures provided should not contain measurements or estimates of gestational age.
4. At the discretion of the medical director, videotapes should be destroyed after review by physician.

IV. Roles of Physician/Sonographer in Ultrasound
A. Licensed physicians, physician assistants, nurse practitioners and sonographers will not practice beyond the level of their training.
B. First Trimester
1. Using M-mode, fetal heart motion, or lack thereof, is measured and documented.
2. The uterus is scanned in both the longitudinal and transverse planes. The gestational sac or fetus is imaged and labeled.
3. The yolk sac, preferably with the fetus in the image is documented.
4. If multiple embryos are present, the fetal number is documented.
5. The medical director will decide what additional aspects of a limited scan, including scanning of adnexa, will be done by the performing physician. See appendix for further discussion.
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Knowledge Base for First Trimester Nursing

As the medical clinic model of pregnancy resource centers has developed, it has been found that many aspects of patient care are unique to this setting. While most obstetrical nursing is focused on the second and third trimesters (except for care offered in fertility clinics), the care offered in pregnancy resource clinics focuses on patients in the decision-making phase of pregnancy (often first trimester). Nurses therefore need to become specialists in aspects of care that will be of greatest benefit to first trimester patients. Listed below is a rudimentary list of topics nurses should consider in a pregnancy resource clinic. (Note: This list is intended to benefit all staff/volunteer nurses in the pregnancy resource clinic setting. It does not include the added knowledge one needs to perform limited ultrasound exams.)
I. Female Reproductive Anatomy and Physiology
   A. Normal/abnormal physiology
   B. Pregnancy physiology
      1. Menstrual cycle
         a. Ovulation
         b. Conception and implantation
         c. Causes for amenorrhea (besides pregnancy)
      2. HCG levels
         a. Normal levels
         b. Abnormal levels and possible causes
      3. Ectopic pregnancy or miscarriage
         a. Signs/symptoms
         b. Assessment and instructions for patient
      4. Rh factor- Rh negative
         a. What it is
         b. Why it is a risk factor in abortion or miscarriage
         c. Explanation/instructions for at-risk patients
      5. Screening tests
         a. Knowledge of screening tests such as multiple marker screening, chorionic villus sampling and amniocentesis
         b. Explanation to patient of what risk factors mean
         c. Ability to help patient access accurate/unbiased interpretation

II. Contraception
   A. Birth control pills
      1. Possible causes for failure
      2. Action of drug
         a. Effect of certain antibiotics on efficacy
         b. Effect of long term-use on menstrual cycle
   B. Depo-Provera
      1. Effect on menstrual cycle
      2. Side effects
      3. Concerns if pregnant on Depo
   C. Emergency contraceptives-morning after pill
      1. Action of pill prior to and after ovulation
      2. Handling of phone calls for ECP
   D. Other contraceptives — understand action/failure rate
   E. Understand clinic policy regarding birth control and unmarried women

III. Sexually Transmitted Diseases
   A. Know signs/symptoms
   B. STDs and testing related to abortion/future reproductive health
   C. STDs and ectopic pregnancy risk

IV. Abortion Techniques
   A. Which techniques are currently done in your area
   B. How to assess for laminaria removal
   C. Know the drugs used for chemical abortion
   D. Know complications (physical and emotional) of both chemical and surgical abortion

V. Pregnancy Testing
   A. Understand action and accuracy of pregnancy test
   B. Know reasons for incorrect results
   C. Assess for accuracy of test result/need for retest

VI. Medical Risk Management
   A. Utilize trained nurses for phone triage
   B. Have charting guidelines and train all staff/volunteers in charting procedures; keep log of lab tests, including pregnancy tests
C. Maintain phone log for medical advice given
D. Follow assessment tools to determine abortion vulnerability — refer women who are not your focus
E. Train non-medical staff and volunteers in appropriate medical knowledge and what they should teach and tell clients

VII. Community Resources
A. Know the system and agencies in your area
B. Have a referral list
   1. Life-affirming physicians for prenatal care
   2. Other life-affirming medical specialists
   3. Churches with counseling/support group programs

Suggestions for Policy and Procedure Manuals
1. Scope of services
2. Hours of operation and opening/closing procedure for medical facility
3. Confidentiality
4. Advertising
5. Phone calls/keeping a phone log
6. Insurance
7. Personnel and personnel records
8. Staffing
9. Medical staff peer review (should take place every six months)
10. Staff health, hepatitis B immunization and TB testing
11. Admission to the medical clinic
12. Scheduling of medical service appointments
13. Medical appointments without a physician on site
14. Pregnancy testing
   a. Nurse-administered tests
   b. Supervisor-administered tests
15. Pregnancy verifications and positive pregnancy test verifications
16. Assessment of fetal heart tones via Doppler
17. Selection and scanning of ultrasound clients
18. Definitions and criteria of abortion-minded/vulnerable clients
19. Ultrasound
   a. Standing orders by medical director, including medical indications for ultrasound
   b. Information for clients (Note: Clients should be offered neither videotapes nor pictures with measurements or estimates of gestational age.)
   c. Information which will be obtained in a first trimester scan
   d. Information which will be obtained in a second/third trimester scan
   e. Videotaping (Note: videotaping may be performed for later doctor review, but videotapes should not be retained.)
20. Policies and procedures addressing the event of ultrasound disparities, i.e., non-viable fetus, multiple fetuses, suspected fetal anomalies, empty uterus, ectopic pregnancy, molar pregnancy, absence of fetal heart motion, etc.
21. Infection control and universal precautions
22. Resources for referrals
23. Client follow-up
24. Client medical records, charting
25. Release of client medical records
26. Closing client files
27. Quality assurance
28. Reporting abuse (including sexual abuse, physical abuse, rape, statutory rape)
29. Services to minors
30. Suicide, assessing risk and reporting
31. Emergencies, transfer of patients
32. First aid kit
33. Safety and disaster plan
Definition of Abortion-Minded and Vulnerable Abortion-Minded

The abortion-minded woman is one who is assessed as planning or intending to obtain an abortion. Qualified clinic personnel may recommend and schedule the client for an ultrasound examination.

A. Abortion-Minded
   1. Criteria
      a. Client is seeking information as to how to obtain an abortion. For example, asking questions such as, “How much does an abortion cost?” “Can you give me a referral for an abortion?” “Do you do abortions here?”
      b. She has an abortion scheduled, regardless of how tentative she seems.
      c. The abortion procedure has been initiated, as in the introduction of laminaria.

B. Abortion Vulnerable: The abortion-vulnerable woman is one who by continuing her pregnancy faces obstacles that she may feel incapable of handling or unwilling to experience. This category might also include women who state that they are pro-choice but are uninterested in aborting at this point. The counselor who detects the client’s vulnerability for abortion shares this information with qualified clinic personnel who will evaluate and may recommend and schedule the client for an ultrasound examination.
   1. Criteria
      a. Client has not eliminated the possibility of abortion.
      b. Client is being pressured to have or consider an abortion.
      c. Client is undecided. This may be expressed verbally or marked on the intake form.
      d. Client is against abortion; however, she has a medical condition she thinks may affect the pregnancy.

C. Carry to Term: This client does not meet criteria for abortion-minded or abortion vulnerable, and meets the additional criteria noted below. Qualified clinic personnel discuss with the client her decision to carry to term and give her appropriate medical information and resources to obtain prenatal care.
   1. Criteria
      a. She states that she plans to carry.
      b. She does not believe abortion is right.
      c. All indications reveal a healthy pregnancy.
      d. She has support from all significant influences in her life.

How Does My Pregnancy Help Center “Go Medical”? 

The following referrals are provided to you by Focus on the Family’s Pregnancy Resource Ministry as a source of information. If you would like to help your pregnancy resource center become a medical clinic, there are organizations with resources and training available that may help your center convert to the medical model. They also have information about acquiring ultrasound machines. Focus on the Family does not recommend one organization over another. Each center should do its own research as to which group could best meet its particular needs.

Care Net
109 Carpenter Dr., Suite 100
Sterling, VA 20164
(703) 478-5661

National Institute of Family & Life Advocates (NIFLA)
PO Box 42060
Fredericksburg, VA 22404
(540) 785-9853

Sound Wave Images, Inc.
2422 Harness Dr.
West Bloomfield, MI 48324
(800) 364-4942

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Appendix: Discussion Concerning Limited Versus More Comprehensive Ultrasound Scanning

There is some discussion among those involved in pregnancy resource clinics as to the extent of ultrasound services that should be offered to pregnant women. Some suggest that pregnancy resource clinics should offer only a limited ultrasound scan (a term which itself is not well defined) and should not perform scans of adnexa (the tissues and organs surrounding the uterus) routinely. Their rationale is that women being scanned are generally asymptomatic, and therefore clinic resources would be expended unnecessarily. More importantly, legal liability issues exist if the scan or interpretation of the scan of the fetus and pelvic anatomy does not detect an existing medical problem. Women who go to these centers should be referred to other physicians for regular prenatal care, and should be referred immediately if they present with symptoms. On the other hand, some clinics are striving to expand their medical care. Their object is not only to influence women who may be considering abortion, but also to convert their pregnancy resource center to a more comprehensive medical clinic, possibly involving complete prenatal care. In this case, the possibility of legal liability (and its implications for the clinic) may not be as large as it might be with smaller pregnancy resource clinics, and comprehensive ultrasound scans may be performed more routinely.

The level of ultrasound services offered by a pregnancy resource clinic should be determined by the mission of the clinic, and at the discretion and direction of the clinic’s board and medical director. If the clinic’s mission is solely to help pregnant women choose life, the best ultrasound option might be to perform limited scans while referring to other physicians and clinics for prenatal care. If the clinic’s mission is medically broader, the clinic’s board and medical director might deem it appropriate for that clinic to offer more comprehensive scanning, as medically indicated.