

First Trimester Ultrasound

The first trimester of pregnancy is up to 13 weeks. Using ultrasound waves we can start to image the pregnancy at around the 6th week following the first day of the last menstrual period.

Are there any risks?

Ultrasound uses sound waves to take pictures. There is no radiation exposure and no known risk with this type of test.

When can it be done?

Ultrasound scans in the first trimester can begin around 5 ½ to 6 weeks following the first day of the last menstrual period. Prior to this the pregnancy sac is too small and not able to be seen with ultrasound. The baby can be consistently seen at around 6 weeks.

How long will it take?

The scan may take up to 30 minutes. Please arrive early as parking at the hospital can be difficult.

How is the test performed?

The test is done using the same equipment as other ultrasounds used in pregnancy. It is performed in a private room while the woman is lying on a bed. The lighting will be dimmed.

It is painless and can take up to 30 minutes. The sonographer will put some warm gel over the mother's lower abdomen. The sonographer will move the

ultrasound probe over the abdomen to take different pictures.

It may be necessary to have an internal scan performed to see the baby, the uterus or the ovaries with more detail. This involves inserting a specially designed ultrasound probe into the vagina. Your consent would be gained prior to the procedure.

It is fine for a family member to stay in the room during the test however it is preferable not to bring small children to the examination unless you have someone with you who is able to look after them while you have your scan.

Important information to tell the sonographer

- The first day of your last period
- If you have had pain or bleeding
- If you have had previous ultrasounds. Please bring copies of your previous reports, or the pictures from your previous ultrasounds with you. This may save you time in our department as it takes time for us to chase previous results that can be important for comparison.

Is a full bladder required?

Generally not, but a partially full bladder is helpful so please don't use the bathroom as you arrive for your appointment. You will be asked to empty your bladder before and internal scan, if one is required.

What information can be gained from an early pregnancy scan?

- We can date the pregnancy and tell you if there is a multiple pregnancy.
- Sometimes we may have to break bad news to you and tell you that things are not progressing as expected.
- Sometimes we may discover an ovarian cyst or other finding that you may not know you had. This may need to be monitored through the pregnancy or followed after delivery if necessary.

Limitations of the examination

- Sometimes we may see a pregnancy sac with no baby inside it. Depending on the size of the sac we may need you to come back on another day to determine if the pregnancy is developing normally or not.
- If you are too early in the pregnancy we will not be able to see the baby.
- Depending on the mother's build, the views may be limited.
- Sometimes we need further clinical information that may not be available at the time to give a full result. As soon as we have all the information the result will be given to the referring doctor.

Why you have been told to come back at a certain time period.

You may have been told to return to have another scan at a particular time. It is important that you come back at the advised time and not before unless your doctor thinks it is clinically important. The reason for this is that if you come back too soon we may still not be able to tell you if your baby is developing as expected. We need to give the baby and gestational sac time to grow and develop between scans.

Of course if you have any pain or bleeding it would be important to talk to your doctor to determine if you need to come back sooner or if a different type of test is needed.

Results

In general we will inform you of the results of the scan when it is completed and a written report will be sent to your midwife or doctor. You should discuss the results with the midwife or doctor who referred you since the results often need to be interpreted in the light of other tests or clinical information which might only be clear to the person looking after the pregnancy.

What if I have questions?

Ask and we will try to answer them at the completion of the examination. Sometimes it may be difficult for the sonographer to talk to you during the study when they may need to concentrate on obtaining all the necessary information.

Sometimes for complicated cases the best person to answer your questions is the referring doctor who may have access to other important information about you that we do not have access to.



Information on early pregnancy ultrasound

National Women's Health
Ultrasound