NYCIconsult

High-Risk Obstetric Department Protocol Master Checklist

A structured protocol inventory for Maternal-Fetal Medicine, high-risk OB ultrasound, fetal surveillance, procedures, reporting, safety, and departmental operations.

245 protocol topics	14 operational domains	Website-ready downloadable reference

Purpose. Use this master list to build, audit, or update an MFM departmental manual. It is a protocol inventory, not a replacement for complete institution-specific clinical policies.

Prepared for education and departmental planning
September 2026

How to Use This Checklist

Assign an owner to every applicable topic, confirm whether a current approved protocol exists, and record its review date. A protocol may be marked N/A only after review by the department medical director.

Status	Meaning
☐ Not started	No approved departmental protocol identified.
◐ In development	Drafting, review, or approval is underway.
☑ Approved	Current, accessible, approved, and incorporated into staff training.
N/A	Service is not offered or the protocol is not applicable; rationale documented.

This document intentionally separates examination protocols from surveillance, procedures, emergency response, reporting, quality, and administration. A strong high-risk OB department needs all of these layers.

Protocol Domains

1. Core Obstetric Ultrasound - 17 topics
2. Fetal Growth and Well-Being - 14 topics
3. Obstetric Doppler - 14 topics
4. Cervical and Preterm-Birth Assessment - 8 topics
5. Multiple Gestations - 15 topics
6. Placenta and Umbilical Cord - 17 topics
7. Fetal Echocardiography - 13 topics
8. Fetal Anomaly-Specific Imaging - 23 topics
9. Maternal-Condition Surveillance - 24 topics
10. Invasive Procedures and Fetal Therapy - 22 topics
11. Acute and Emergency Care - 16 topics
12. Reporting and Communication - 17 topics
13. Ultrasound Safety and Quality Assurance - 22 topics
14. Administration and Patient Care - 23 topics

1. Core Obstetric Ultrasound

Foundation examinations used to establish pregnancy status, anatomy, growth, and focused follow-up.

☐	1	Pregnancy viability and dating ultrasound	Owner: _____ Review: _____
☐	2	First-trimester standard examination	Owner: _____ Review: _____
☐	3	Detailed first-trimester fetal anatomy examination	Owner: _____ Review: _____
☐	4	Nuchal translucency examination	Owner: _____ Review: _____
☐	5	Early pregnancy failure assessment	Owner: _____ Review: _____
☐	6	Pregnancy of unknown location	Owner: _____ Review: _____
☐	7	Ectopic pregnancy evaluation	Owner: _____ Review: _____
☐	8	Cesarean-scar pregnancy evaluation	Owner: _____ Review: _____
☐	9	Standard second-/third-trimester anatomy examination	Owner: _____ Review: _____
☐	10	Detailed fetal anatomy examination (CPT 76811)	Owner: _____ Review: _____
☐	11	Follow-up anatomy/completion examination	Owner: _____ Review: _____
☐	12	Limited obstetric examination (CPT 76815)	Owner: _____ Review: _____
☐	13	Follow-up fetal growth examination (CPT 76816)	Owner: _____ Review: _____
☐	14	Fetal presentation, viability, placental location and fluid assessment	Owner: _____ Review: _____
☐	15	Post-dates pregnancy ultrasound	Owner: _____ Review: _____
☐	16	Maternal pelvic/adnexal assessment during pregnancy	Owner: _____ Review: _____
☐	17	Clinically indicated 3D/4D ultrasound	Owner: _____ Review: _____

2. Fetal Growth and Well-Being

Protocols should define measurements, reference standards, surveillance intervals, and escalation triggers.

☐	18	Serial fetal growth assessment	Owner: _____ Review: _____
☐	19	Suspected fetal growth restriction (FGR)	Owner: _____ Review: _____
☐	20	Severe or early-onset FGR	Owner: _____ Review: _____
☐	21	Large-for-gestational-age/macrosomia assessment	Owner: _____ Review: _____
☐	22	Biophysical profile (BPP)	Owner: _____ Review: _____
☐	23	Modified biophysical profile	Owner: _____ Review: _____
☐	24	Amniotic fluid index (AFI)	Owner: _____ Review: _____
☐	25	Single deepest vertical pocket (SDP/DVP)	Owner: _____ Review: _____
☐	26	Oligohydramnios evaluation	Owner: _____ Review: _____
☐	27	Polyhydramnios evaluation	Owner: _____ Review: _____
☐	28	Nonstress testing (NST)	Owner: _____ Review: _____
☐	29	Contraction stress testing, if offered	Owner: _____ Review: _____
☐	30	Decreased fetal movement assessment	Owner: _____ Review: _____
☐	31	Antenatal fetal surveillance scheduling by indication	Owner: _____ Review: _____

3. Obstetric Doppler

Every Doppler protocol should specify sampling site, fetal state, angle, gate size, reproducibility, reference chart, and critical-result thresholds.

☐	32	Umbilical artery Doppler	Owner: _____ Review: _____
☐	33	Middle cerebral artery peak systolic velocity (MCA-PSV)	Owner: _____ Review: _____
☐	34	MCA pulsatility index	Owner: _____ Review: _____
☐	35	Cerebroplacental ratio, when used	Owner: _____ Review: _____
☐	36	Ductus venosus Doppler	Owner: _____ Review: _____
☐	37	Uterine artery Doppler	Owner: _____ Review: _____
☐	38	Umbilical vein assessment	Owner: _____ Review: _____
☐	39	Fetal aortic isthmus Doppler, when indicated	Owner: _____ Review: _____
☐	40	Hydrops Doppler evaluation	Owner: _____ Review: _____
☐	41	Fetal anemia Doppler surveillance	Owner: _____ Review: _____
☐	42	Red-cell alloimmunization surveillance	Owner: _____ Review: _____
☐	43	Parvovirus or fetomaternal hemorrhage surveillance	Owner: _____ Review: _____
☐	44	Twin anemia-polycythemia sequence Doppler	Owner: _____ Review: _____
☐	45	Post-intrauterine transfusion Doppler surveillance	Owner: _____ Review: _____

4. Cervical and Preterm-Birth Assessment

Treatment-guiding cervical length measurements should use a standardized transvaginal technique.

☐	46	Transvaginal cervical-length measurement	Owner: _____ Review: _____
☐	47	Short-cervix follow-up	Owner: _____ Review: _____
☐	48	Previous spontaneous preterm-birth surveillance	Owner: _____ Review: _____
☐	49	Cervical cerclage evaluation	Owner: _____ Review: _____
☐	50	Pre- and post-cerclage examination	Owner: _____ Review: _____
☐	51	Suspected cervical dilation or funneling	Owner: _____ Review: _____
☐	52	Preterm premature rupture of membranes assessment	Owner: _____ Review: _____
☐	53	Placenta previa with cervical-length assessment, when ordered	Owner: _____ Review: _____

5. Multiple Gestations

Labeling, chorionicity, amnionicity, growth comparison, fluid, and condition-specific Doppler must be standardized.

☐	54	First-trimester chorionicity and amnionicity determination	Owner: _____ Review: _____
☐	55	Dichorionic-diamniotic twin surveillance	Owner: _____ Review: _____
☐	56	Monochorionic-diamniotic twin surveillance	Owner: _____ Review: _____
☐	57	Monochorionic-monoamniotic twin surveillance	Owner: _____ Review: _____
☐	58	Triplet and higher-order pregnancy surveillance	Owner: _____ Review: _____
☐	59	Twin growth-discordance assessment	Owner: _____ Review: _____
☐	60	Selective fetal growth restriction	Owner: _____ Review: _____
☐	61	Twin-twin transfusion syndrome (TTTS) screening and staging	Owner: _____ Review: _____
☐	62	Twin anemia-polycythemia sequence (TAPS)	Owner: _____ Review: _____
☐	63	Twin reversed arterial perfusion (TRAP) sequence	Owner: _____ Review: _____
☐	64	Conjoined-twin evaluation	Owner: _____ Review: _____
☐	65	Single fetal demise in a multiple pregnancy	Owner: _____ Review: _____
☐	66	Post-fetoscopic laser surveillance	Owner: _____ Review: _____
☐	67	Post-radiofrequency ablation surveillance	Owner: _____ Review: _____
☐	68	Multifetal pregnancy-reduction follow-up	Owner: _____ Review: _____

6. Placenta and Umbilical Cord

Include transvaginal and Doppler techniques where indicated, plus clear pathways for accreta spectrum and vasa previa.

☐	69	Low-lying placenta and placenta previa	Owner: _____ Review: _____
☐	70	Placental-edge-to-internal-os measurement	Owner: _____ Review: _____
☐	71	Placenta accreta spectrum screening	Owner: _____ Review: _____
☐	72	Detailed placenta accreta spectrum mapping	Owner: _____ Review: _____
☐	73	Vasa previa screening and confirmation	Owner: _____ Review: _____
☐	74	Velamentous or marginal cord insertion	Owner: _____ Review: _____
☐	75	Single umbilical artery	Owner: _____ Review: _____
☐	76	Placental abruption evaluation	Owner: _____ Review: _____
☐	77	Placental mass, infarction, or abnormal appearance	Owner: _____ Review: _____
☐	78	Circumvallate or bilobed placenta	Owner: _____ Review: _____
☐	79	Succenturiate placental lobe	Owner: _____ Review: _____
☐	80	Placental lakes versus lacunae	Owner: _____ Review: _____
☐	81	Umbilical-cord cyst or mass	Owner: _____ Review: _____
☐	82	Umbilical-vein varix	Owner: _____ Review: _____
☐	83	Abnormal cord coiling	Owner: _____ Review: _____
☐	84	Suspected true knot or cord entanglement	Owner: _____ Review: _____
☐	85	Post-fetoscopic placental and cord assessment	Owner: _____ Review: _____

7. Fetal Echocardiography

A complete fetal echo includes situs, venous connections, chambers, outflow tracts, arches, Doppler, rhythm, and function.

☐	86	Basic fetal cardiac screening	Owner: _____ Review: _____
☐	87	Complete fetal echocardiogram	Owner: _____ Review: _____
☐	88	Early fetal echocardiogram	Owner: _____ Review: _____
☐	89	Follow-up fetal echocardiogram	Owner: _____ Review: _____
☐	90	Fetal arrhythmia assessment with M-mode and Doppler	Owner: _____ Review: _____
☐	91	Fetal cardiac function assessment	Owner: _____ Review: _____
☐	92	Hydrops/cardiovascular profile assessment	Owner: _____ Review: _____
☐	93	Maternal diabetes fetal cardiac surveillance	Owner: _____ Review: _____
☐	94	Monochorionic-twin cardiac assessment	Owner: _____ Review: _____
☐	95	Suspected congenital heart defect	Owner: _____ Review: _____
☐	96	Fetal cardiac tumor or cardiomyopathy	Owner: _____ Review: _____
☐	97	Ductal constriction assessment	Owner: _____ Review: _____
☐	98	Post-fetal cardiac intervention surveillance, if offered	Owner: _____ Review: _____

8. Fetal Anomaly-Specific Imaging

Use targeted checklists that supplement, rather than replace, the complete detailed examination.

☐	99	Central nervous system and neurosonography	Owner: _____ Review: _____
☐	100	Ventriculomegaly	Owner: _____ Review: _____
☐	101	Agenesis of the corpus callosum	Owner: _____ Review: _____
☐	102	Neural-tube defects and spinal dysraphism	Owner: _____ Review: _____
☐	103	Posterior-fossa abnormalities	Owner: _____ Review: _____
☐	104	Congenital diaphragmatic hernia	Owner: _____ Review: _____
☐	105	Fetal thoracic masses and pulmonary lesions	Owner: _____ Review: _____
☐	106	Facial cleft and craniofacial abnormalities	Owner: _____ Review: _____
☐	107	Skeletal dysplasia and long-bone evaluation	Owner: _____ Review: _____
☐	108	Limb-reduction or positional abnormalities	Owner: _____ Review: _____
☐	109	Abdominal wall defects	Owner: _____ Review: _____
☐	110	Gastrointestinal obstruction	Owner: _____ Review: _____
☐	111	Echogenic bowel	Owner: _____ Review: _____
☐	112	Fetal ascites and hydrops	Owner: _____ Review: _____
☐	113	Renal and urinary-tract abnormalities	Owner: _____ Review: _____
☐	114	Urinary-tract dilation classification	Owner: _____ Review: _____
☐	115	Lower urinary-tract obstruction	Owner: _____ Review: _____
☐	116	Congenital infection assessment	Owner: _____ Review: _____
☐	117	Fetal tumors	Owner: _____ Review: _____
☐	118	Fetal goiter	Owner: _____ Review: _____
☐	119	Ambiguous genitalia	Owner: _____ Review: _____
☐	120	Abnormal fetal movement or suspected neuromuscular disorder	Owner: _____ Review: _____
☐	121	Aneuploidy markers and isolated soft-marker follow-up	Owner: _____ Review: _____

9. Maternal-Condition Surveillance

Create indication-specific pathways rather than applying one universal surveillance schedule.

☐	122	Pregestational diabetes	Owner: _____ Review: _____
☐	123	Medication-requiring gestational diabetes	Owner: _____ Review: _____
☐	124	Chronic hypertension	Owner: _____ Review: _____
☐	125	Gestational hypertension	Owner: _____ Review: _____
☐	126	Preeclampsia	Owner: _____ Review: _____
☐	127	Systemic lupus erythematosus	Owner: _____ Review: _____
☐	128	Antiphospholipid syndrome	Owner: _____ Review: _____
☐	129	Maternal renal disease	Owner: _____ Review: _____
☐	130	Maternal cardiac disease	Owner: _____ Review: _____
☐	131	Thyroid disease with fetal risk	Owner: _____ Review: _____
☐	132	Maternal obesity and technically limited anatomy	Owner: _____ Review: _____
☐	133	Advanced maternal age	Owner: _____ Review: _____
☐	134	Assisted-reproductive-technology pregnancy	Owner: _____ Review: _____
☐	135	Previous stillbirth	Owner: _____ Review: _____
☐	136	Previous fetus with congenital anomaly	Owner: _____ Review: _____
☐	137	Previous FGR or preeclampsia	Owner: _____ Review: _____
☐	138	Maternal infection with fetal implications	Owner: _____ Review: _____
☐	139	Maternal malignancy or chemotherapy exposure	Owner: _____ Review: _____
☐	140	Teratogenic medication or substance exposure	Owner: _____ Review: _____
☐	141	Cholestasis of pregnancy	Owner: _____ Review: _____
☐	142	Alloimmunization	Owner: _____ Review: _____
☐	143	Hemoglobinopathy	Owner: _____ Review: _____
☐	144	Maternal trauma	Owner: _____ Review: _____
☐	145	Maternal critical illness	Owner: _____ Review: _____

10. Invasive Procedures and Fetal Therapy

Each protocol requires consent, laboratory review, sterile technique, time-out, monitoring, specimen control, and an emergency pathway.

☐	146	Chorionic villus sampling	Owner: _____ Review: _____
☐	147	Amniocentesis	Owner: _____ Review: _____
☐	148	Genetic amniocentesis	Owner: _____ Review: _____
☐	149	Amniocentesis for infection testing	Owner: _____ Review: _____
☐	150	Amnioreduction	Owner: _____ Review: _____
☐	151	Amnioinfusion	Owner: _____ Review: _____
☐	152	Cordocentesis/PUBS	Owner: _____ Review: _____
☐	153	Intrauterine fetal transfusion	Owner: _____ Review: _____
☐	154	Fetal thoracentesis	Owner: _____ Review: _____
☐	155	Fetal paracentesis	Owner: _____ Review: _____
☐	156	Vesicocentesis	Owner: _____ Review: _____
☐	157	Shunt placement	Owner: _____ Review: _____
☐	158	Fetoscopic laser treatment	Owner: _____ Review: _____
☐	159	Radiofrequency ablation	Owner: _____ Review: _____
☐	160	Selective fetal reduction	Owner: _____ Review: _____
☐	161	External cephalic version ultrasound support	Owner: _____ Review: _____
☐	162	Ultrasound-guided cerclage support, if used	Owner: _____ Review: _____
☐	163	Preprocedure time-out	Owner: _____ Review: _____
☐	164	Rh immune globulin assessment and administration pathway	Owner: _____ Review: _____
☐	165	Specimen labeling and transport	Owner: _____ Review: _____
☐	166	Postprocedure fetal assessment	Owner: _____ Review: _____
☐	167	Postprocedure complication and emergency-transfer pathway	Owner: _____ Review: _____

11. Acute and Emergency Care

Define immediate notification, stabilization, transfer, and multidisciplinary activation responsibilities.

☐	168	Vaginal bleeding	Owner: _____ Review: _____
☐	169	Suspected placental abruption	Owner: _____ Review: _____
☐	170	Preterm labor	Owner: _____ Review: _____
☐	171	Rupture of membranes	Owner: _____ Review: _____
☐	172	Decreased or absent fetal movement	Owner: _____ Review: _____
☐	173	Nonreassuring fetal heart tracing	Owner: _____ Review: _____
☐	174	Maternal abdominal pain	Owner: _____ Review: _____
☐	175	Maternal trauma	Owner: _____ Review: _____
☐	176	Suspected uterine rupture	Owner: _____ Review: _____
☐	177	Suspected fetal demise	Owner: _____ Review: _____
☐	178	Acute severe hypertension or preeclampsia	Owner: _____ Review: _____
☐	179	Critical ultrasound-result escalation	Owner: _____ Review: _____
☐	180	Emergency transfer to labor and delivery	Owner: _____ Review: _____
☐	181	Maternal cardiac arrest/perimortem delivery response	Owner: _____ Review: _____
☐	182	Massive obstetric hemorrhage	Owner: _____ Review: _____
☐	183	Shoulder dystocia, eclampsia, and cord-prolapse pathways	Owner: _____ Review: _____

12. Reporting and Communication

Standardize what is documented, how uncertainty is stated, and who must be contacted for urgent findings.

☐	184	Standardized preliminary worksheet	Owner: _____ Review: _____
☐	185	Final report structure by examination type	Owner: _____ Review: _____
☐	186	Pregnancy dating and redating policy	Owner: _____ Review: _____
☐	187	Fetal biometry and EFW calculation policy	Owner: _____ Review: _____
☐	188	Multiple-pregnancy labeling (Twin A/Twin B)	Owner: _____ Review: _____
☐	189	Anatomical structures not visualized	Owner: _____ Review: _____
☐	190	Technically limited examination and rebooking	Owner: _____ Review: _____
☐	191	Unexpected anomaly communication	Owner: _____ Review: _____
☐	192	Critical and urgent result notification	Owner: _____ Review: _____
☐	193	Recipient and notification-time documentation	Owner: _____ Review: _____
☐	194	Same-day MFM consultation criteria	Owner: _____ Review: _____
☐	195	Genetic-counseling referral criteria	Owner: _____ Review: _____
☐	196	Pediatric cardiology or surgical referral criteria	Owner: _____ Review: _____
☐	197	Fetal MRI referral criteria	Owner: _____ Review: _____
☐	198	Fetal-treatment-center referral criteria	Owner: _____ Review: _____
☐	199	Postnatal follow-up recommendations	Owner: _____ Review: _____
☐	200	Corrected or amended reports	Owner: _____ Review: _____

13. Ultrasound Safety and Quality Assurance

Build safety, equipment, competency, audit, and data-protection requirements into routine operations.

☐	201	ALARA and output-power management	Owner: _____ Review: _____
☐	202	Thermal and mechanical index documentation	Owner: _____ Review: _____
☐	203	First-trimester Doppler safety	Owner: _____ Review: _____
☐	204	Spectral Doppler exposure limitation	Owner: _____ Review: _____
☐	205	Infection prevention and transducer disinfection	Owner: _____ Review: _____
☐	206	Endocavitary transducer high-level disinfection	Owner: _____ Review: _____
☐	207	Probe-cover failure and exposure response	Owner: _____ Review: _____
☐	208	Equipment cleaning between patients	Owner: _____ Review: _____
☐	209	Preventive maintenance	Owner: _____ Review: _____
☐	210	Image-quality and phantom testing	Owner: _____ Review: _____
☐	211	Measurement reproducibility audits	Owner: _____ Review: _____
☐	212	Peer-review and discrepancy review	Owner: _____ Review: _____
☐	213	Fetal-anomaly detection audit	Owner: _____ Review: _____
☐	214	Missed-diagnosis and near-miss review	Owner: _____ Review: _____
☐	215	Sonographer competency assessment	Owner: _____ Review: _____
☐	216	Physician interpretation competency	Owner: _____ Review: _____
☐	217	Continuing education	Owner: _____ Review: _____
☐	218	Ergonomic injury prevention	Owner: _____ Review: _____
☐	219	Cybersecurity and image confidentiality	Owner: _____ Review: _____
☐	220	Image storage, retention, and retrieval	Owner: _____ Review: _____
☐	221	PACS/EHR downtime procedure	Owner: _____ Review: _____
☐	222	AI-assisted measurement and software-validation policy	Owner: _____ Review: _____

14. Administration and Patient Care

These protocols connect clinical imaging with equitable, safe, and reliable service delivery.

☐	223	Referral and indication triage	Owner: _____ Review: _____
☐	224	Appropriate examination selection	Owner: _____ Review: _____
☐	225	Urgent and same-day appointment criteria	Owner: _____ Review: _____
☐	226	Two-identifier patient verification	Owner: _____ Review: _____
☐	227	Informed consent and refusal documentation	Owner: _____ Review: _____
☐	228	Interpreter services	Owner: _____ Review: _____
☐	229	Chaperone policy	Owner: _____ Review: _____
☐	230	Trauma-informed care	Owner: _____ Review: _____
☐	231	Patients with disabilities or mobility limitations	Owner: _____ Review: _____
☐	232	Infection-isolation precautions	Owner: _____ Review: _____
☐	233	Latex allergy	Owner: _____ Review: _____
☐	234	Adolescent pregnancy and confidentiality	Owner: _____ Review: _____
☐	235	Intimate-partner violence screening and referral	Owner: _____ Review: _____
☐	236	Pregnancy-loss and bereavement care	Owner: _____ Review: _____
☐	237	Genetic counseling workflow	Owner: _____ Review: _____
☐	238	Multidisciplinary fetal-care conference	Owner: _____ Review: _____
☐	239	Transfer to a higher level of maternal care	Owner: _____ Review: _____
☐	240	Emergency equipment and medication checks	Owner: _____ Review: _____
☐	241	Staffing and after-hours coverage	Owner: _____ Review: _____
☐	242	Student and trainee supervision	Owner: _____ Review: _____
☐	243	Photography, recording, and family-observer policy	Owner: _____ Review: _____
☐	244	Nonmedical keepsake imaging prohibition	Owner: _____ Review: _____
☐	245	Incident reporting and adverse-event review	Owner: _____ Review: _____

Required Structure for Every Clinical Protocol

For consistency, each departmental protocol should use the same controlled-document template.

1. Protocol title, unique identifier, version number, and service line
2. Purpose and clinical indications
3. Contraindications, exclusions, and limitations
4. Required order and patient preparation
5. Required personnel, credentials, and supervision
6. Equipment, transducers, presets, and supplies
7. Examination route: transabdominal, transvaginal, or both
8. Step-by-step technique and required grayscale images
9. Required color, power, M-mode, and spectral Doppler images
10. Measurements, calculations, reference charts, and diagnostic thresholds
11. Required report elements and standardized terminology
12. Critical findings and immediate-notification pathway
13. Follow-up, consultation, referral, or transfer pathway
14. Infection prevention, safety, ALARA, and ergonomics
15. Documentation, image retention, billing, and coding requirements
16. Competency validation and quality indicators
17. References, approving clinicians, approval date, and next review date

Document-control recommendation: Review protocols on a defined cycle and earlier when a guideline, device, medication, regulatory requirement, or service scope changes. Retired versions should remain traceable but unavailable for routine clinical use.

Implementation Priorities

Priority 1 - Patient safety

Critical-result escalation; ectopic and cesarean-scar pregnancy; placenta accreta spectrum; vasa previa; FGR with abnormal Doppler; maternal hemorrhage; emergency transfer; infection prevention.

Priority 2 - Core diagnostic consistency

Dating, standard and detailed anatomy, growth, fluid, BPP, cervical length, multiple gestations, fetal echocardiography, reporting, and technically limited studies.

Priority 3 - Advanced services

Fetal therapy, invasive procedures, targeted neurosonography, anomaly-specific pathways, and post-intervention surveillance.

Priority 4 - Governance

Competency, peer review, equipment QA, data security, document control, audits, and multidisciplinary review.

Clinical Use Disclaimer

This publication is an educational and departmental-planning resource. It does not establish a diagnosis, prescribe patient-specific management, replace professional judgment, or create a legal standard of care. Each protocol must be developed and approved by qualified institutional leadership and aligned with current laws, regulations, accreditation requirements, equipment labeling, and professional guidance.

Selected Authoritative References

American Institute of Ultrasound in Medicine (AIUM). Ultrasound Practice Parameters. Open resource
AIUM. Obstetric Ultrasound Accreditation Resources. Open resource
AIUM. Fetal Echocardiography Practice Parameter. Open resource
American College of Obstetricians and Gynecologists (ACOG). Indications for Outpatient Antenatal Fetal Surveillance. Open resource
ACOG. Placenta Accreta Spectrum. Open resource
Society for Maternal-Fetal Medicine (SMFM). Consult Series #52: Fetal Growth Restriction. Open resource
SMFM. Consult Series #70: Short Cervix. Open resource
SMFM. Consult Series #72: TTTS and TAPS. Open resource
SMFM. Consult Series #37: Vasa Previa. Open resource
SMFM. Consult Series #57: Isolated Soft Markers. Open resource

Prepared by NYCIconsult

Medical imaging education, protocol development, workforce consulting, and clinical-program support
nyciconsult.com