



Obstetric Ultrasound Informed Consent

Please read this form carefully so that you understand some of the limitations and benefits of modern ultrasound. Ultrasound uses sound waves (far beyond the range of hearing) that bounce off your uterus and your developing baby producing echoes, which a computer converts into detailed images. There has been extensive evaluation of the safety of ultrasound, and there is no evidence that diagnostic ultrasound causes harm to either the fetus or the mother.

Ultrasounds performed early in pregnancy help us determine that your baby is growing inside the uterus and determine your due date. Once we determine your due date using the date of your last menstrual period and your early ultrasound measurements, your due date will not change again for this pregnancy.

Ultrasound examinations do have certain limitations. Not all maternal or fetal abnormalities can be diagnosed with an ultrasound. Even with a good ultrasound machine and well-trained personnel, some abnormalities may be missed. This may be due to the position of the baby, the size of the patient, the timing of the ultrasound, or other factors. Approximately 3 to 4% of all fetuses do have some type of abnormality. Many of these abnormalities simply cannot be diagnosed by ultrasound, including but not limited to; genetic problems, cerebral palsy, mental retardation, and some heart and lung defects.

We can usually determine the sex of your baby during an ultrasound performed between 18 – 20 weeks gestational age, but due to the limitations listed above, this is not always 100% accurate. We will try to inform you of your baby's sex if you want to know, but the ultrasound is for medical purposes, so we are not able to repeat an ultrasound to determine sex alone.

Your ultrasonographer will provide you with pictures of your baby, but unfortunately videotaping is not allowed in the ultrasound room.

You are requested to sign this document prior to the performance of your ultrasound examination and to hereby acknowledge that you have read and understand the information contained herein and have given informed consent to this procedure.

Patient signature

Date

Witness