



Limited Use of Bedside Ultrasound by Midwives in Third Trimester Pregnancy Policy

1. Background

Literature and/or reference material providing professional guidance in the use of diagnostic ultrasound by midwives in the Australian context is minimal. Evidence of the conduct of ultrasonography by midwives in the UK¹ and statements by the American College of Nurse-Midwives (ACNM) in support of midwives expanding practice in this area demonstrates international acceptance of the procedure within midwifery practice.²

The modality of Bedside Ultrasound (BUS) can be used as an extension of the physical examination, potentially assisting the midwife with key patient management decisions in urgent clinical situations, where an obstetric doctor is not on site.

Early identification of fetal position / presentation has been identified by the WA Country Health Service (WACHS) clinical risk management systems as important in minimising the risk of adverse perinatal outcomes.

BUS can safely guide procedures and make a critical difference in the outcome for patients who cannot wait for more formal ultrasound.³

Within WACHS, BUS examinations by midwives are limited; goal directed examinations used to:

- confirm fetal position in order to accurately place the CTG transducer for continuous fetal heart rate monitoring
- determine and/or confirm fetal presentation.⁴

The scope of practice of a midwife does not extend to ultrasound confirmation of suspicions of fetal demise. This is a medical responsibility and the burden of conveying that diagnosis is most appropriately done by a doctor, with a midwife present to provide additional emotional support.⁵

¹ Gargan, P. (2010). Implications of ultrasound scanning for midwives. *British Journal of Midwifery*. 18(7).

² American College of Nurse-Midwives. (2010). Position statement: Midwives performance of ultrasound in clinical practice. Silver Spring, MD: Author.

³ Kimberley, H., Murray, A., Mennicke, M., Liteplo, A., Lew, J., Bohan, J., Tyer-Viola, L., Ahn, R., Burke, T. and Noble, V. (2010). Focused maternal ultrasound by midwives in rural Zambia. (Abstract). *Ultrasound in Medicine & Biology*, 36(8), 1267-72.

⁴ Rozenberg, P., Porcher, R., Salomon, L., Boirot, F., Morin, C., & Ville, Y. (2008). Comparison of the learning curves of digital examination and transabdominal sonography for the determination of fetal head position during labor. *Ultrasound in Obstetrics & Gynaecology*. 31, 332-337.

⁵ Spear, G., and Griffin, J. (1999). Ultrasound in Obstetric Triage. *Journal of Nurse-Midwifery*, 44 (5), 480-492.

BUS images can be obtained quickly and correlated immediately with patient's clinical status. The use of BUS must only be used as an adjunct to clinical assessment and is not to be used in place of other methods of clinical assessment such as:

- clinical examination via abdominal palpation and vaginal examination
- use of a fetal scalp electrode to obtain continuous fetal heart rate assessment.

Bedside ultrasound units are available in all WACHS maternity sites to aid the safe provision of maternity care, however use of the bedside ultrasound scanner by midwives for purposes other than those defined within this policy is not currently supported by WACHS.

BUS examinations are to supplement, and not be used in place of, formal sonography provided by Medical Imaging Services.

The use of limited BUS by midwives is optional and confined to those who are able to provide acceptable evidence, to their line manager that the skill is within their scope of practice as per the Nursing and Midwifery Board of Australia (NMBA) Midwifery Practice Decision Flowchart.

2. Key Points

Midwives must determine whether the use of bedside ultrasound is within their scope of practice with reference to the Nursing and Midwifery Board of Australia (NMBA), Midwifery Practice Decision flowchart - [NMBA Midwifery practice decision flowchart](#).

BUS by midwives must only occur as an adjunct to clinical assessment where an urgent diagnosis is required to plan immediate care and an obstetric doctor is not on site.

Documentation of the BUS findings in the medical record by the responsible midwife must include the following as a minimum:

- date and time
- clinical indication
- maternal consent
- fetal presentation
- fetal position
- actions taken, and name of doctor findings were discussed with
- maternal and fetal observations post procedure
- name of the midwife performing.

3. Clinical Indications for the use of BUS by Midwives

- 3.1 **Any** circumstance where the presenting part is uncertain or difficult to assess accurately by a combination of abdominal and vaginal examination (VE) such as:
- high presenting part, **and/or**
 - difficulty determining fetal landmarks on palpation or VE, **and/or**
 - fetal soft tissue palpable on VE.
- 3.2 To determine fetal position to overcome technical difficulties obtaining a continuous recording of the fetal heart via Cardiotocograph (CTG). This is most commonly a result of high Maternal Body Mass Index.

The technique for BUS procedure using the **Sonosite™ M Turbo and S series** scanner is set out in the [Quick Reference Guide to Use of Sonosite Machine PowerPoint Presentation](#). This document is not a training guide but is intended as a quick reference guide for use by clinicians and therefore should be laminated for attachment to each on site Sonosite™ scanner.

4. Definitions

BUS	Bedside Ultrasound
VE	Vaginal examination
CTG	Cardiotocograph

5. Roles and Responsibilities

Midwives who wish to perform BUS on pregnant women within WACHS as outlined in this policy must provide the following evidence to their line manager:

- Documentation of their self-assessment against the NMBA Midwifery Practice Decision flowchart.
- The completed [Limited Use of Bedside Ultrasound by Midwives Skills Assessment Checklist](#).

Line managers are to retain evidence of the midwife's assessment for use of BUS on the staff member's personnel file.

6. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

7. Records Management

[Health Record Management Policy](#)

8. Evaluation

Maternity line managers are to analyse all clinical incidents relating to malpresentations in labour at term, via the Clinical Incident Monitoring system.

9. Standards

[National Safety and Quality Health Service Standards](#) - 5.7, 5.10, 5.11, 5.12, 5.13, 6.9, 6.11

10. Legislation

[Health Services Act 2016 \(WA\)](#)

11. References

1. Gargan, P. (2010). Implications of ultrasound scanning for midwives. *British Journal of Midwifery*. 18(7).
2. American College of Nurse-Midwives. (2010). Position statement: Midwives performance of ultrasound in clinical practice. Silver Spring, MD: Author.
3. Kimberley, H., Murray, A., Mennicke, M., Liteplo, A., Lew, J., Bohan, J., Tyer-Viola, L., Ahn, R., Burke, T. and Noble, V. (2010). Focused maternal ultrasound by midwives in rural Zambia. (Abstract). *Ultrasound in Medicine & Biology*, 36(8), 1267-72.
4. Rozenberg, P., Porcher, R., Salomon, L., Boirot, F., Morin, C., & Ville, Y. (2008). Comparison of the learning curves of digital examination and transabdominal sonography for the determination of fetal head position during labor. *Ultrasound in Obstetrics & Gynaecology*. 31, 332-337.
5. Spear, G., and Griffin, J. (1999). Ultrasound in Obstetric Triage. *Journal of Nurse-Midwifery*, 44 (5), 480-492.

12. Related Forms

[Limited Use of Bedside Ultrasound by Midwives Skills Assessment Checklist.](#)

13. Policy Framework

[Clinical Governance, Safety and Quality](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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