Indications for Level II Ultrasound

(Detailed Fetal Anatomic Survey, 76811)*

Minnesota Perinatal Physicians

- **Previous fetus or child with a congenital, genetic, or chromosomal abnormality. Family history of inheritable genetic condition**
- **Known or suspected fetal anomaly or known growth disorder in the current pregnancy**
- **Fetus at increased risk for a congenital anomaly, such as the following:**
    - Maternal pregestational diabetes or gestational diabetes diagnosed before 20 weeks' gestation by standard testing methods or hemoglobin A1c ≥ 6.5%
    - Pregnancy conceived via IVF
    - Maternal body mass index ≥30 kg/m2
    - Multiple gestation, uncertain chorionicity
    - Abnormal maternal serum analytes, including α-fetoprotein level and unconjugated estriol
    - Teratogen exposure, first trimester medication exposure
    - First-trimester nuchal translucency measurement of 3.0 mm or greater or greater than the 95th centile for gestational age
      History of congenital anomaly in prior pregnancy
- **Fetus at increased risk for a genetic or chromosomal abnormality, such as the following:**
    - Parental carrier of a chromosomal or genetic abnormality
    - Maternal age of 35 or older years at delivery (with or without genetic screening)
    - High risk screening test results for aneuploidy, including noninvasive prenatal screening (NIPS)
    - NIPS with unreported or uninterpretable test result ("no-call" result)
    - Per ACOG, single high risk marker for aneuploidy noted on an ultrasound examination from the following list**:
        - Cystic hygroma, thick nuchal fold (≥6mm), absent/hypoplastic nasal bone, echogenic bowel, ventriculomegaly, concern for microcephaly

      -Per ACOG, more than one low risk ultrasound marker for fetal aneuploidy from the following list**:
        - Pyelectasis, EIF, short femur, short humerus, choroid plexus cyst
        - Strong consideration to refer isolated pyelectasis and isolated short long bones for level 2 to exclude lower urinary tract obstruction (LUTO) and skeletal dysplasia respectively.
    - Paternal age >45 years old
- **Other conditions affecting the mother/fetus, including the following:**
    - Suspected placenta accreta spectrum
    - Risk factors for placenta accreta spectrum:
        - Placenta previa/Low lying placenta plus: History of cesarean, D&C
        - History of myomectomy or endometrial ablation
        - Pregnancy conceived via IVF
    - Oligohydramnios (AFI <5, DVP <2) if detected < 36 weeks
    - Polyhydramnios (AFI >25, DVP >8) if detected < 36 weeks
    - Suspected/known vasa previa
    - Congenital infections (CMV, Varicella, HSV, Toxo), including COVID or other febrile illness in the first trimester
    - Maternal illicit drug use
    - Maternal opioid dependence/maintenance (Subutex, Methadone)
    - Isoimmunization/Alloimmunization
    - Abnormal fetal heart rate or rhythm

References:
*AIUM Practice Parameter for the Performance of Detailed Second and Third Trimester Diagnostic Obstetric Ultrasound Examinations. Ultrasound Med 2019; 38:3093–3100. (76811 Task Force)
**ACOG Practice Bulletin #226: Screening for fetal chromosomal abnormalities. Obstetrics & Gynecology October 2020.