

# Obstetric Ultrasound: Is It Time for Informed Consent?

Michiel C. Van den Hof, MD, R. Douglas Wilson, MD

Ultrasonography has given prospective parents and caregivers a window of increasing clarity into the womb.

In the beginning, ultrasound evaluated placental site, amniotic fluid volume, and fetal size and position, and it identified gross anomalies. With technological advances and improved resolution, imaging can now detect not only the majority of fetal anomalies, but also subtle variations in fetal appearance that can be used to screen for genetic abnormalities. As a prenatal screening tool, ultrasound is often integrated into a complex maze of adjunctive factors, including maternal history, age, and serum biochemistry. As our use of ultrasound increases, and as its screening and diagnostic potential expands, we may need to consider whether the requirements for informed consent are being met. Research suggests they are not.<sup>1</sup>

Some patients and caregivers will see informed consent as an unnecessary burden, but respecting the autonomy of individual pregnant women may be a legal necessity and a professional responsibility. It is surely a moral obligation. The process of informed consent must be comprehensive, unbiased, nondirective, and functional. But what exactly constitutes appropriate informed consent, and who is responsible for obtaining it?

Attending physicians and midwives who order ultrasound should also be responsible for initiating a discussion about its value, its limitations, and its theoretical biological effects. They should also provide written material for patients and their families to review at their leisure (the production of clear and specific patient materials will be the focus of an SOGC Diagnostic Imaging Committee project). However, it is the imaging unit personnel who must ultimately be responsible for ensuring that pregnant women have been adequately informed and who should document patient consent.

In Canada, practice guidelines indicate we should routinely offer pregnant women a second trimester ultrasound.<sup>2-4</sup> But that doesn't mean patients must or should routinely

accept this offer. Although support for routine obstetric ultrasound is well-founded, caregivers must be aware that some pregnant women may not want all the information it can provide. Genetic screening is the most controversial part of routine ultrasound and the area most likely to generate patient stress and anxiety. Sonographers and physicians may feel obligated to report ultrasound markers that are readily visible on standard planes. We need to consider whether patients who have given informed consent for obstetric ultrasound can choose not to receive this information.

Currently, many pregnant women consider their obstetric ultrasound as an entertaining preview of their child, and as care providers, we have all witnessed this excitement and bonding. However, as ultrasound becomes a cherished rite of pregnancy, we should ensure that women also focus on the medical reasons for taking the test. Patients often want direction, and physicians often find it difficult not to oblige. However, medical care has moved away from a paternalistic approach, and it is increasingly important to respect patient autonomy.<sup>5</sup> Our role is to educate about potential benefits and risks, thus ensuring that pregnant women are able to determine whether having an ultrasound is in their best interest.

## REFERENCES

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