



Case Study Submission Requirements: Limited Obstetric Ultrasound (for Advanced Clinical Providers)

➤ Refer to the *Accreditation Application Manual* for [additional case study submission requirements](#).

Only case studies with an ultrasound indication, per practice parameters, will be accepted. (Non-indicated exams will not be accepted.)

[Click to Download OB Case Study Templates for PowerPoint](#)

Each Advanced Clinical Provider (ACP) performing and interpreting limited OB ultrasounds who meets the [training guidelines](#):

- submit 1 normal limited OB case that includes biometry with its corresponding final report
- and**
- submit 1 limited OB case documenting an abnormal placenta location with its corresponding final report

Limited OB Ultrasound Imaging Checklists

- **ALARA** – scans performed at less than 10 weeks GA should be done monitoring the Thermal Index for SOFT TISSUE (TI_s) and scans performed at 10 weeks or greater GA should be done monitoring the Thermal Index for BONE (TI_b).

OB Limited – 1st Trimester (singleton fetus)
Labeled images of the following:
<input type="checkbox"/> 1. Presence and location of gestational sac <input type="checkbox"/> 2. Presence or absence of embryo / fetus: singleton <input type="checkbox"/> 3. Presence or absence of cardiac activity (record by M-mode or video clip)
If embryo or fetus present:
<input type="checkbox"/> 4. CRL <input type="checkbox"/> 5. Cervix <input type="checkbox"/> 6. Cul-de-sac <input type="checkbox"/> 7. Uterus <input type="checkbox"/> 8. Adnexa

OB Limited – 2 nd /3 rd Trimester (singleton fetus)
Labeled images of the following:
<input type="checkbox"/> 1. Fetal cardiac activity (record by M-mode or video clip) <input type="checkbox"/> 2. Fetal number: singleton <input type="checkbox"/> 3. Fetal presentation <input type="checkbox"/> 4. Amniotic fluid volume <input type="checkbox"/> 5. Placental location with respect to internal cervical os <input type="checkbox"/> 6. Cervix <input type="checkbox"/> 7. Estimating fetal weight (if requested): BPD and/or HC, Abdominal diameter or AC, and femur length <input type="checkbox"/> 8. Uterus <input type="checkbox"/> 9. Adnexa <input type="checkbox"/> 10. BPP (if requested)

Changes made to this document since previous version:

7/24/24	added requirement for proper exam indication
5/10/24	added link to Powerpoint case study templates