

**OLIVE VIEW-UCLA MEDICAL CENTER  
FETAL ASSESSMENT CENTER  
POLICY & PROCEDURE**

**NUMBER: 4956  
VERSION: 2**

**SUBJECT/TITLE: OB ULTRASOUNDS**

**MD ORDER: YES [ ] NO [ ]**

**POLICY:** OB Ultrasounds will only be done for clinical indications. They will not be done for entertainment purposes or as a keepsake.

**PURPOSE:** To clarify that all obstetrical ultrasounds will be performed only for clinical indications. To comply with the 2005 California Health and Safety Code Section 123620, a person or facility that offers fetal ultrasound or a similar procedure, for keepsake or entertainment *purposes*, shall disclose to a client prior to performing the procedure, in writing, the following statement: "The Federal Food and Drug Administration has determined that the use of medical ultrasound equipment for other than medical purposes, or without a physician's prescription, is an unapproved use."

**DEPARTMENTS: Nursing 3D- Fetal Assessment, OB/GYN, Ultrasound**

**DEFINITIONS:** Ultrasound = The diagnostic or therapeutic medical procedure which forms a two-, three-, or four-dimensional image with high frequency sound waves, to produce images or sonograms of organs, tissues or blood flow inside the body.

**PROCEDURE:** Any and all obstetrical ultrasounds will be performed only for clinical indications and medical management. They will not be done for any entertainment purpose. If asked, the patient may be given a photograph of the fetus.

References:	
Approved by: Jan Love (Clinical Nurse Director II)	Date: 08/11/2016
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