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Obstetrical Ultrasound Informed Consent

Throughout your pregnancy, you will receive several ultrasound examinations. Ultrasound is a medical procedure which uses sound waves to provide a "picture" of your pregnancy. The ultrasound machine sends out waves which are reflected by the fetus and uterus and then projected onto the ultrasound screen as a picture. These sound waves are of high frequency (you can't hear them), but of extremely low power. These sound waves are in no way related to x-rays.

Ultrasound has many uses in obstetrics. Dr. Mulder may have a specific reason for doing the ultrasound. The following information may be obtained from the examination.

- To establish fetal life by heart rate and movement.
- Length of gestation (how many weeks pregnant you are).
- Number of fetuses (twins, triplets, etc.)
- Placental position (where the "afterbirth" is located).
- Fetal presentation (head or bottom first).
- Rate of fetal growth.
- Fetal gender can *sometimes* be determined, (after 20 weeks gestation), but the accuracy is not 100% and should in no way be considered a guarantee. *Please note that we do not perform ultrasounds to determine fetal gender.*

There are some abnormalities of the fetus or placenta that cannot be detected by ultrasound. Therefore, the examinations in no way guarantee a normal, healthy baby. Variations in ultrasounds and fetal position do not allow for consistent analysis of birth defects. There are specific chromosomal defects that cannot be detected by ultrasound.

Pregnancies that are high-risk for congenital anomalies (birth defects) or other high-risk situations will be referred to a specialist who has a greater ability to detect these problems. If you feel that your pregnancy is "high-risk" or that there is a strong suspicion for birth defect, please notify Dr. Mulder so that she may order a more detailed ultrasound examination.

Please initial below:

_____ Michelle M. Mulder, M.D. has recommended an ultrasound during the course of my pregnancy. I understand that this ultrasound is to be performed to check fetal growth, fetal number, dating of pregnancy, as well as other information that will be helpful in following my pregnancy.

_____ I understand that a routine ultrasound is not performed to detect congenital defects, although occasionally certain large defects may be identified. I also understand that ultrasounds are only approximately 75% accurate in determining the sex of my baby and are not specifically performed for this purpose.

By signing this form, I acknowledge that I have been given all the information I desire concerning this procedure and have had all my questions answered. I am not currently ill, under any medication, or have any impairment, which might affect my ability to comprehend or understand the above stated consent.

Patient signature

Date

Witness signature

Date