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OBSTETRICS GUIDELINE

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**SUBJECT: PREGNANCY DATING**

**OBJECTIVE**

1. To determine accurate pregnancy dating.
2. To identify an agreed upon schema for determining pregnancy dating so that the department agrees on management

**POSITION STATEMENTS**

Pregnancy dating will be by ultrasound if clinical dating is uncertain or if there is a discrepancy between clinical dating and ultrasound dates. As ultrasound dating early in pregnancy is very reliable and has a very small margin of error, ultrasound is more accurate in many patients. If it is anticipated that highly accurate dating will be important in the pregnancy, an early ultrasound should be obtained and used for dating.

As more patients are having infertility treatments, they may have accurate clinical dating by a known ovulation date. This is the most accurate dating available.

Importance of reliable pregnancy dating:

- A. Avoid iatrogenic newborn prematurity
- B. Determine when to initiate post term fetal surveillance testing
- C. Facilitate decisions regarding delivery timing and treatment of preterm labor or preterm premature ruptured membranes.
- D. Appropriate timing of gestational age-related testing

**PROCEDURE**

**KEY ACCOUNTABILITIES:**

1. The physician/midwife provider will initiate pregnancy dating procedures at the first pregnancy encounter.
2. The physician/midwife provider will evaluate pregnancy dating reliability considering the following evidence based guidelines, documenting adjustments in the pregnancy record:
  - A. Dating will be by ultrasound if clinical dating uncertain
  - B. Dating by clinical if infertility patient and date of conception is clear

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C. Dating will be re-assigned to ultrasound dates from clinical dates (by last menstrual period [LMP]) depending on gestational age and discrepancy between LMP and ultrasound using the general evidence based guidelines in TABLE 1 as follows:

[NOTE: Dating changes made after Triple/Quad screen [PACE] performed may require recalculation of prior results.]

**TABLE 1:**  
**Procedure for changing the EDC when the ultrasound and LMP data do not match**

Dating by Ultrasound	Difference from LMP (days)	Example
< 12 <sup>0/7</sup> weeks	≥ 5 days	If 10 <sup>0/7</sup> weeks by LMP and 10 <sup>5/7</sup> weeks by ultrasound, re-dating recommended.
12 <sup>0/7</sup> - 15 <sup>6/7</sup> weeks	≥ 7 days	If 14 <sup>0/7</sup> weeks by LMP and 15 <sup>0/7</sup> weeks by ultrasound, re-dating recommended.
16 <sup>0/7</sup> - 21 <sup>6/7</sup> weeks	≥ 10 days	If 19 <sup>0/7</sup> weeks by LMP and 17 <sup>4/7</sup> weeks by ultrasound, re-dating recommended.
22 <sup>0/7</sup> - 25 <sup>6/7</sup> weeks	≥ 14 days	If 22 <sup>2/7</sup> weeks by LMP and 24 <sup>2/7</sup> weeks by ultrasound, re-dating recommended.
≥ 26 <sup>0/7</sup> weeks		ALWAYS re-date with caution. In general, this must be individualized. Need to consider IUGR as an explanation for the discrepancy. Consider re-dating if there is a large difference (i.e. ≥ 3 weeks).

**REFERENCES:**

Variability is uniform at 8% for crown rump length [CRL] measurements between 2mm and 12cm: (Hadlock 1992)

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Accuracy of ultrasound in predicting gestational age is +/- 7 days for 12-18 weeks: Reece EA, Gebrielli S, Degennaro N, et al. Dating through pregnancy: a measure of growing up. Obstet Gynecol Surv. 1989;44:544.

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