Example sonographer worksheet for cervical assessment of the gravid cervix.

This worksheet has been extracted from the ASA clinical guideline Ultrasound assessment of the gravid cervix to assess for risk of spontaneous preterm birth https://www.sonographers.org/resources-tools/clinical-guidance/ultrasound-assessment-of-the-gravid-cervix-to-assess-for-risk-of-spontaneous-preterm-birth and may be adapted for use within imaging departments.

Patient name	Age	Date	Gestational age	Identified as increased risk by referring obstetric care provider, or using increased risk criteria in Table 1 of this short-form version of the guideline (Y/N)	Risk factors
	Transabdominal sonography			Transvaginal sonography	Transperineal sonography
Consent obtained.					
CL measurement.					
Method of cervical length measurement (i.e. straight line, sum of segments, trace or spline method).					
Was shortening of the cervix observed in response to uterine activity?					
The anterior and posterior walls of the cervix are of similar width and echogenicity.					
Was funnelling observed? Y/N					
If funnelling was observed, what shape did it take? Y, V, or U shape.					
Was amniotic sludge observed?					
Was amniotic-chorionic separation observed?					
Was the endocervical canal dilated?					
Was cervical cerclage present?					
Was the placenta low-lying? Provide measurement of distance to internal os if present.					
Was a vasa praevia identified?					
Comment on quality of images including any limitations to the scan.					
Comment on the quality of the cervical length measurement, including any limitations to the measurement.					
Other: e.g. information obtained from the patient and/or referring clinician relating to clinical signs, comparison of current sonographic appearance to previous scans, contraindications and consent, or examination limitations or deviations from the guideline or local protocol.					