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# Uterine Artery Doppler Maternity Department

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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## What is uterine artery Doppler?

The Uterine Arteries are the blood vessels that carry blood to the uterus (womb). Colour Doppler is a type of ultrasound that can be used to assess the flow in the blood vessels. It is done as a part of your routine anomaly scan around 19-22 weeks of pregnancy.

## Why is this scan being done and what is the risk to my pregnancy?

Doppler scans can identify an altered flow pattern to the womb. If the blood is flowing easily from you to the womb (low resistance pattern), you are at very low risk of having a small baby or developing high blood pressure in this pregnancy. You will not need any further scans.

If the blood is having to work harder to flow to the womb (high resistance pattern), there may be at a **slightly** increased risk for having a small baby or developing high blood pressure in this pregnancy. The majority of these pregnancies will have a perfectly normal outcome.

**THE PRESENCE OF A HIGH RESISTANCE FLOW PATTERN DOES NOT MEAN THAT THERE IS A PROBLEM. IT ONLY MEANS THAT WE MAY NEED TO MONITOR YOUR PREGNANCY MORE CLOSELY.**

## **What monitoring will I require?**

We will arrange growth scans to monitor the growth of your baby. In addition, you will need regular monitoring of your blood pressure in the antenatal clinic. The regular monitoring would help in identifying problems at an earlier stage.

## **Can I do something to make the blood flow better?**

No - A change in the diet or life style would not significantly alter the blood flow pattern.

## **Is there any treatment?**

This is not an illness; hence treatment is not required.

Furthermore, there is no effective treatment and is therefore not recommended. We would recommend that an induction of labour is booked for 41 weeks if you remain undelivered.

## **Will future pregnancies be similar?**

The presence of a high resistance flow pattern in this pregnancy does not increase the chances of having this again in subsequent pregnancies.

We hope you find this information helpful but please speak to your midwife or obstetrician if you have further questions.