

Position statement on nurses performing focused ultrasound examinations in a
gynecology/infertility setting

Revised February 2009

A limited pelvic ultrasound examination provides specific, rather than complete, diagnostic information relating to the organ or measurement(s) of interest, such as the size and number of developing ovarian follicles or the endometrial thickness and pattern (1). The performance of a limited pelvic ultrasound examination is within the scope of practice for a nurse having the necessary specific training and appropriate supervision by a physician(s) in an infertility practice. A comprehensive ultrasound examination should have been performed within the preceding six months to exclude gynecologic pathology.

The limited pelvic ultrasound examination performed by nurses should be defined by specific written institutional policies and procedures and be within the scope of nursing practice in the state.

1. American Institute for Ultrasound in Medicine, Society for Reproductive Endocrinology and Infertility. AIUM practice guideline for ultrasonography in reproductive medicine.
<http://www.aium.org/publications/clinical/reproductiveMed.pdf>

This report was developed under the direction of the Practice Committee of the American Society for Reproductive Medicine as a service to its members and other practicing clinicians. While this document reflects appropriate management of a problem encountered in the practice of reproductive medicine and was developed by practitioners in the United States, it is not intended to be the only approved standard of practice or to dictate an exclusive course of treatment nor is it necessarily applicable in other countries. Other plans of management may be appropriate, taking into account the needs of the individual patient, available resources, and institutional or clinical practice limitations. Practitioners located outside the United States should consult local medical standards. The practice guidelines articulated in this report supersede and replace all previous versions of this report. Any practice guidelines that are no longer included in this report are no longer valid and any practice guidelines that have been modified from their previous versions remain valid only in the modified form. This report has been approved by the Board of Directors of the American Society for Reproductive Medicine.