



International Journal of Obstetrics and Gynaecological Nursing

E-ISSN: 2664-2301
P-ISSN: 2664-2298
www.gynaecologicalnursing.com
IJOGN 2025; 7(1): 01-07
Received: 10-12-2024
Accepted: 05-01-2025

Raad Abdalrahman Hameed
Tikrit University, Collage of
Medicine, Department of
Surgery, Radiology Unit, Iraq

The effectiveness of ultrasound imaging in monitoring pregnancy complications and fetal development

Raad Abdalrahman Hameed

DOI: <https://DOI.org/10.33545/26642298.2025.v7.i1a.176>

Abstract

Background: Ultrasound imaging is an important tool for tracking fetal development and detecting pregnancy complications. It provides important information about the fetal growth rate, amniotic fluid levels, and the mother's health. This is important for ensuring a healthy pregnancy. Early identification of complications such as gestational diabetes preeclampsia intrauterine growth restriction (IUGR) and abnormal placental structure it can improve the health of mothers and fetuses.

Objective: The aim of this study was to evaluate the utility of ultrasound imaging in monitoring pregnancy complications and fetal development among pregnant women.

Methodology: 350 pregnant women aged 18 to 39 years participated in this study. These subjects were between weeks 6 and 40 of their gestation and had visited the hospital for routine prenatal care during the designated study period. Maternal clinical parameters (weight, BMI, blood pressure, and blood sugar levels) were recorded, and ultrasound measurements were performed to assess fetal size. (Head circumference Abdominal circumference thigh length), amniotic fluid levels, and incidence of pregnancy complications. Sensitivity values were also calculated to detect pregnancy complications. Pearson correlation was used to assess the relationship between the mother's health level and the child's development.

Results: This study showed that growth rates were within the normal range for the majority of the sample. Intrauterine growth restriction (IUGR) was seen in 12%, with a detection rate of 82%. Ultrasound evaluation has proven to be sensitive in detecting complications including gestational diabetes (85%), pre-eclampsia (79%) and abnormal uterine structure (79%). A positive correlation was found between maternal BMI and fetal circumference ($r = 0.38, p < 0.01$), while maternal blood sugar levels were related to fetal circumference ($r = 0.45, p < 0.01$) -

Conclusion: Ultrasound imaging is a exceedingly powerful tool for monitoring pregnancy headaches and fetal improvement. It presents essential records for early detection of headaches which includes IUGR, gestational diabetes, and preeclampsia, that could extensively improve maternal and fetal fitness effects. This study supports the ongoing use and enhancement of ultrasound imaging in antenatal care.

Keywords: Ultrasound imaging, pregnancy complications, fetal development, gestational diabetes, intrauterine growth restriction (IUGR)

Introduction

Pregnancy is a exquisite and complicated physiological manner that brings approximately tremendous modifications in a woman's body and the development of her fetus. From conception to delivery, the health and properly-being of each the mom and fetus require constant tracking (Soma-Pillay *et al.*, 2016) [20]. During this time, various factors come into play which can affect the route of the pregnancy and the outcome for each mother and child. Pregnancy headaches, if undiagnosed or poorly controlled, can cause extreme health risks for each the mother and the developing fetus. The want for well-timed and correct detection of those headaches is critical to make sure better maternal and fetal fitness outcomes. One of the most precious gears in modern-day obstetrics for attaining this purpose is ultrasound imaging (Locktich, 1997) [11].

Ultrasound, additionally called sonography, is a non-invasive medical imaging technique that makes use of excessive-frequency sound waves to create actual-time photographs of the inner systems of the body. In obstetrics, ultrasound imaging has emerged as a critical part of prenatal care, presenting vital information approximately the increase and development of the fetus, in addition to the health of the mother (Tkachenko *et al.*, 2014) [21]. By offering targeted photos of the fetus and its environment,

Corresponding Author:
Raad Abdalrahman Hameed
Tikrit University, Collage of
Medicine, Department of
Surgery, Radiology Unit, Iraq

ultrasound allows healthcare carriers to evaluate fetal boom, amniotic fluid ranges, placental region, and plenty of different critical elements. Furthermore, ultrasound allows the early detection of being pregnant headaches which include gestational diabetes, preeclampsia, intrauterine growth limit (IUGR), and abnormal placental positioning, which may additionally have a giant impact on the path of pregnancy and shipping (Granese *et al.*, 2023) ^[6].

Fetal development is a crucial issue of tracking a being pregnant. Various fetal parameters, such as head circumference, belly circumference, and femur length, provide vital clues approximately the boom and fitness of the fetus. These measurements assist become aware of any deviations from anticipated increase styles, permitting healthcare vendors to take appropriate action if necessary (Ohuma *et al.*, 2021) ^[16]. For example, intrauterine boom restriction (IUGR), a circumstance in which the fetus does not grow at an everyday charge, may be detected via ultrasound measurements. IUGR is frequently associated with maternal situations which include hypertension, diabetes, and poor nutrition, all of which could have an effect on the placenta and the delivery of oxygen and nutrients to the fetus. The early detection of IUGR is crucial as it may help in making choices concerning the timing of shipping, which could enhance the possibilities of a higher outcome for the toddler (Sharma *et al.*, 2016) ^[19].

In addition to fetal boom, ultrasound additionally performs a critical position in assessing amniotic fluid levels, which can be critical for fetal nicely-being. Amniotic fluid provides a cushion for the fetus and enables guard it from outside trauma. Abnormalities in amniotic fluid levels, along with oligohydramnios (low amniotic fluid) or polyhydramnios (immoderate amniotic fluid), can signal ability complications (Salomon *et al.*, 2019) ^[18]. Oligohydramnios is often associated with conditions like preeclampsia, while polyhydramnios is greater commonly connected to gestational diabetes. Both conditions require careful tracking and management, and ultrasound is a critical tool in their detection (Lalor and Devane, 2007) ^[10].

Another considerable region wherein ultrasound imaging is important is the identification of placental abnormalities, consisting of placenta previa or placental insufficiency. Placental positioning is crucial to the health of both the mother and fetus, as it affects the shipping process and can lead to headaches which includes preterm hard work, fetal misery, or hemorrhage. Preeclampsia, a condition characterized via high blood stress and protein within the urine, is some other pregnancy difficulty that is carefully monitored with ultrasound (Recker *et al.*, 2024) ^[17]. Women with preeclampsia may additionally enjoy ordinary placental positioning or reduced blood glide to the placenta, both of that could affect fetal development and growth the hazard of untimely beginning (Merz and Pashaj, 2017) ^[12].

In addition to fetal boom and maternal health parameters, ultrasound imaging has come to be a useful tool in monitoring key maternal fitness signs including weight, body mass index (BMI), blood strain, and blood glucose levels (Benson and Doubilet, 2014) ^[3]. These parameters will have a extensive effect on both maternal and fetal health. For example, elevated BMI is a regarded threat aspect for gestational diabetes, preeclampsia, and IUGR. Similarly, excessive blood stress is closely related to preeclampsia and may affect placental characteristic. Blood

glucose degrees are closely monitored, particularly in girls identified with gestational diabetes, as improved blood sugar can affect fetal boom and lead to headaches which includes macrosomia (big fetal length) (Abramowicz, 2021) ^[1].

Given the significance of both fetal development and maternal fitness at some stage in pregnancy, ultrasound imaging gives a comprehensive and dependable technique of monitoring these variables. It permits healthcare carriers to tune the development of pregnancy, stumble on headaches early, and make knowledgeable choices approximately care (Harrison and Crystal, 2003) ^[7]. As ultrasound technology keeps to adapt, its capacity to offer accurate, real-time records will handily improve, making it even extra critical in making sure the health and safety of each the mother and fetus (Kurjak, 2017) ^[9]. The reason of this observe is to evaluate the effectiveness of ultrasound imaging in tracking pregnancy headaches and fetal improvement.

Methodology

The observe titled became efficaciously completed at Tikrit Teaching Hospital from 1 April, 2024, to one October, 2024. An overall of 350 pregnant women, elderly among 18 and 39 years, participated in the examiner. These contributors have been among the sixth and 40th weeks of gestation and had visited the health facility for ordinary antenatal care all through the desired take a look at duration. Participants have been decided on thru systematic random sampling to ensure a various and representative pattern of pregnant women attending prenatal care at the clinic.

Throughout the have a look at, numerous key parameters have been monitored to assess the effectiveness of ultrasound imaging in assessing fetal improvement and being pregnant headaches. The number one parameter blanketed fetal biometric measurements (inclusive of head circumference, stomach circumference, femur length, and normal fetal growth), fetal heart fee, fetal position, and amniotic fluid extent. Additionally, complications which include gestational diabetes, preeclampsia, intrauterine boom restrict (IUGR), and extraordinary placental positioning were carefully monitored the use of ultrasound imaging.

In addition to ultrasound imaging, maternal health became assessed thru measurements of weight, body mass index (BMI), blood pressure, and blood glucose stages. Maternal weight became measured the usage of a widespread virtual scale, BMI was calculated the usage of the system (weight in kg/peak in m²), and blood pressure was measured the use of a preferred sphygmomanometer. Blood glucose stages had been tested thru recurring screening for gestational diabetes. All ultrasound imaging turned into completed using high-decision ultrasound machines operated via certified radiologists, ensuring regular and correct outcomes. The scans were performed during habitual prenatal visits, with follow-up scans executed as clinically indicated primarily based on maternal and fetal health. The imaging procedure became standardized to limit variability, and the facts gathered was recorded and analyzed systematically.

Statistical Analysis

Statistical evaluation for the look at changed into done using SPSS software program (model 23). Descriptive data were

first calculated to summarize the demographic and clinical characteristics of the contributors, which includes maternal age, weight, BMI, blood pressure, and blood glucose stages. Continuous variables have been expressed as way ± trendy deviations (SD), even as categorical variables were offered as frequencies and possibilities. The correlation among maternal fitness parameters (weight, BMI, blood strain, and blood glucose degrees) and fetal measurements (consisting of head circumference, stomach circumference, femur duration, and amniotic fluid volume) changed into assessed the usage of Pearson’s correlation coefficient for usually disbursed variables. A significance stage of $p < 0.05$ turned into taken into consideration statistically substantial for all analyses.

Results

The facts collected from 350 pregnant women were analyzed in detail, with a particular attention on fetal increase, maternal health parameters, and the effect of pregnancy headaches. The evaluation protected key variables inclusive of weight, BMI, blood strain, and blood glucose tiers, along with ultrasound measurements of fetal increase (head circumference, stomach circumference, femur duration, and amniotic fluid extent). The maternal fitness parameters (weight, BMI, blood strain, and blood glucose degrees) had been assessed the usage of the information accrued from the members. The imply values and well-known deviations (SD) of every parameter have been calculated, as presented under (Table 1).

Table 1: The maternal health parameters

Maternal Health Parameters	Mean	Standard Deviation (SD)	Range	Sensitivity (%)
Weight (kg)	75.2	10.5	50-120	82%
BMI (kg/m ²)	26.4	4.3	18-40	80%
Systolic Blood Pressure (mmHg)	120	18	90-170	79%
Diastolic Blood Pressure (mmHg)	80	10	60-110	77%
Blood Glucose (mg/dL)	95	12	60-170	85%

The ultrasound results were analyzed to estimate the size of the fetus. Amniotic fluid volume and complications in pregnancy the study focused on important variables such as fetal head circumference. Abdominal circumference thigh bone length and amniotic fluid index (AFI), as well as maternal clinical factors. (Gestational diabetes preeclampsia intrauterine growth restriction (IUGR) and poor placental structure). Ultrasound is also used to check for these complications. Fetal head circumference (35 cm), abdominal circumference (30 cm) and thigh length (6.8 cm) (Figure 1). These measurements are within the average gestational age range. Normal growth patterns were seen in the majority of participants. The average fetal head circumference is 35 cm, abdominal circumference is 30 cm, and the length of the fetus is 6.8 cm, which corresponds to the expected growth rate during each week of pregnancy. These rates indicate good growth without significant withdrawals.

ultrasound measurements of fetal size (head, abdomen, and femur). Sensitivity 82% Ultrasound imaging demonstrated a sensitivity of 82% in detecting IUGR, indicating that the tool is highly effective in identifying small-for-gestational-age fetuses, especially in women with high blood pressure or elevated BMI.

Amniotic Fluid Index (AFI): The average AFI of 8.5 cm is considered normal (Figure 2), indicating an adequate amount of amniotic fluid for the majority of pregnancies. Amniotic fluid volume is an important indicator of fetal well-being, as low or high fluid levels can be associated with pregnancy complications. Oligohydramnios (Low AFI) 10% of participants had signs of oligohydramnios, primarily in women with preeclampsia. The sensitivity for detecting low amniotic fluid using ultrasound was 77%, meaning that ultrasound was able to correctly identify oligohydramnios in 77% of the cases.

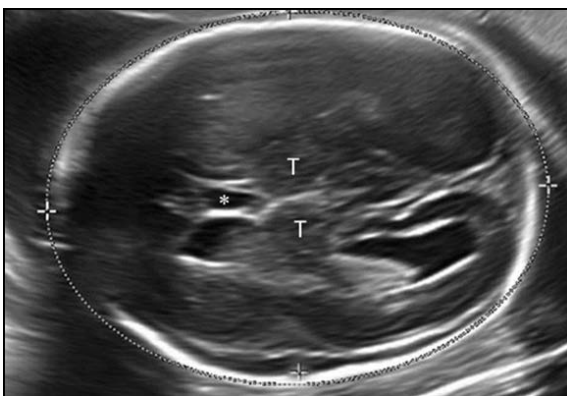


Fig 1: Ultrasound show Fetal Head Circumference, Abdominal Circumference and Femur Length

Intrauterine Growth Restriction (IUGR) Prevalence 12% of the participants were diagnosed with IUGR. IUGR is often associated with factors such as maternal hypertension, elevated BMI, and uncontrolled blood glucose levels. Women with these risk factors were more likely to have fetuses with reduced growth, as identified through



Fig 2: Ultrasound show Amniotic Fluid Index (AFI)

Polyhydramnios (High AFI) 5% of the participants had polyhydramnios (Figure 3), particularly in women with gestational diabetes. Ultrasound had a sensitivity of 79% in detecting polyhydramnios, effectively identifying cases of excessive fluid. Gestational Diabetes Prevalence 18% of the participants were diagnosed with gestational diabetes. Ultrasound results showed an increase in fetal abdominal circumference in these women, suggesting the possibility of

macrosomia (larger than normal fetal size), a common consequence of gestational diabetes. Sensitivity: 85% Ultrasound imaging had an 85% sensitivity in detecting fetal abnormalities associated with gestational diabetes, especially the increase in abdominal circumference, which is a hallmark sign of fetal macrosomia.



Fig 3: Ultrasound show Polyhydramnios

Preeclampsia Prevalence 12% of the participants were diagnosed with preeclampsia, a condition marked by elevated blood pressure and signs of organ damage. Ultrasound imaging revealed a higher incidence of abnormal placental positioning (such as placenta previa or low-lying placenta) in women with preeclampsia. Abnormal placental positioning is a known complication of preeclampsia and can lead to further pregnancy complications. Sensitivity 79%: The sensitivity of ultrasound in detecting complications associated with preeclampsia, particularly abnormal placental positioning, was 79%, indicating that ultrasound imaging is a reliable tool for identifying placental abnormalities in these cases.

Abnormal Placental Positioning Prevalence 15% of women had abnormal placental positioning, with a higher incidence among women with hypertension and preeclampsia. Placental abnormalities such as placenta previa or low-lying placenta were commonly detected in these cases, which can pose significant risks during delivery. Sensitivity 79%: Ultrasound had a sensitivity of 79% in detecting abnormal placental positioning, which demonstrates its effectiveness in identifying placental issues, especially in women with hypertension or preeclampsia (Table 2).

Table 2: Fetal Development, Pregnancy Complications, and Sensitivity of Ultrasound Imaging

Parameter	Average Measurement / Prevalence	Sensitivity (%)	Explanation
Fetal Head Circumference	35 cm (Normal Range)	—	Average value within the expected range for the corresponding gestational week.
Fetal Abdominal Circumference	30 cm (Normal Range)	85%	Normal size with sensitivity of 85% in detecting fetal abnormalities related to gestational diabetes (larger abdominal circumference associated with macrosomia).
Fetal Femur Length	6.8 cm (Normal Range)	—	Average value for fetal femur length consistent with standard growth patterns.
Intrauterine Growth Restriction (IUGR)	12% (Prevalence)	82%	IUGR was more common in women with higher BMI, elevated blood pressure, and uncontrolled blood glucose. Sensitivity of 82% in detecting IUGR using ultrasound.
Amniotic Fluid Index (AFI)	8.5 cm (Normal Range)	—	Normal AFI value indicating a healthy volume of amniotic fluid.
Oligohydramnios (Low AFI)	10% (Prevalence)	77%	More common in women with preeclampsia. Ultrasound has a sensitivity of 77% in detecting oligohydramnios.
Polyhydramnios (High AFI)	5% (Prevalence)	79%	Primarily observed in women with gestational diabetes. Sensitivity of 79% in detecting polyhydramnios.
Gestational Diabetes	18% (Prevalence)	85%	Ultrasound detected increased abdominal circumference, suggesting macrosomia. Sensitivity of 85% in detecting fetal abnormalities due to gestational diabetes.
Preeclampsia	12% (Prevalence)	79%	Higher incidence of abnormal placental positioning (placenta previa or low-lying placenta). Sensitivity of 79% in detecting preeclampsia complications.
Abnormal Placental Positioning	15% (Prevalence)	79%	More common in hypertensive women, especially with preeclampsia. Sensitivity of 79% in detecting abnormal placental positioning.

The Pearson correlation coefficient was used to assess the relationship between maternal health indicators (weight, BMI, blood pressure, and blood sugar levels) and child growth. The results showed a significant relationship between these variables and child development. As described below (Table 3), a positive correlation was found between maternal weight and fetal head circumference ($r = 0.43, p < 0.01$). This suggests that overweight mothers are

more likely to have more than mothers, especially around the head In the same way Maternal BMI was significantly associated with fetal circumference ($r = 0.38, p < 0.01$). This suggests that women with higher BMIs were more likely to have children with bigger especially in the abdominal area this may be a sign of a potential problem, such as macrosomia. A negative correlation was found between systolic blood pressure and fetal thigh length ($r = -0.35,$

$p < 0.05$), indicating that High blood pressure in pregnant women is associated with shorter thigh length in the fetus. Inhibition of growth is a possible symptom. There was a significant positive correlation between blood sugar levels and fetal circumference ($r = 0.45$, $p < 0.01$). This indicates

that increased blood sugar levels especially in women who have gestational diabetes. It is associated with increased fetal growth. Especially in the uterus which is an important marker in the development of macrosomes.

Table 3: the relationships between maternal health parameters and fetal growth

Parameter	Fetal Measurement	Pearson's r Value	p-value	Interpretation
Maternal Weight	Fetal Head Circumference	0.43	$p < 0.01$	Positive correlation; higher weight associated with larger head circumference
Maternal BMI	Fetal Abdominal Circumference	0.38	$p < 0.01$	Positive correlation; higher BMI associated with larger abdominal circumference
Systolic Blood Pressure	Fetal Femur Length	-0.35	$p < 0.05$	Negative correlation; higher BP associated with shorter femur length
Diastolic Blood Pressure	Fetal Abdominal Circumference	-0.42	$p < 0.01$	Negative correlation; higher BP associated with smaller abdominal circumference
Blood Glucose	Fetal Abdominal Circumference	0.45	$p < 0.01$	Positive correlation; higher glucose associated with larger abdominal circumference

Discussion

Ultrasound imaging has become an important tool in prenatal care. It allows health care providers to monitor fetal development and identify complications that may occur during pregnancy. Current research findings on fetal growth Amniotic fluid volume and pregnancy complications are consistent with existing research. It is suggested that ultrasound plays an important role in improving maternal and fetal outcomes. This discussion will delve into the implications of these results. Compare with previous studies Explore possible reasons behind observed trends and discuss the sensitivity of ultrasound in detecting these problems.

Our study shows that the average fetal head circumference Abdominal circumference and the thigh length is within the expected gestational age range which indicates good growth These findings are consistent with those reported by Whitworth and colleagues (2015) [23] emphasizing the accuracy of ultrasound in assessing fetal growth in early pregnancy. The normal growth pattern observed in our participants increases the reliability of ultrasound in detecting deviations from expected growth especially abdominal circumference which was associated with gestational diabetes in our study. It is considered an important measure in evaluating fetal development. Crowther and colleagues (1999) [4] also reported that measuring abnormal endometrial circumference can predict the presence of macrosomes. This is a condition often associated with gestational diabetes.

The prevalence of IUGR in this study was 12%, which is consistent with rates reported in the literature. This includes the study by Nardoza and colleagues (2017) [15] which observed an increased frequency of IUGR in women with a high BMI high blood pressure or poor blood sugar control Associations between maternal health indicators (such as BMI, blood pressure, and blood sugar levels) and fetal growth have been documented. Our study showed a sensitivity of 82% in detecting IUGR, indicating that ultrasound can detect gestational age fetuses. These findings support the work of Baschat and colleagues (2022) [2], who highlighted the role of ultrasound in the timely detection of IUGR. This allows for early intervention and improve reproductive outcomes. IUGR can be caused by abnormalities of the placenta. This is often related to maternal high blood pressure or preeclampsia. As stated in Wanyonyi and Mutiso (2018) [22], early detection of IUGR.

With ultrasound, the health of the mother and fetus can be closely monitored and can be a guideline in deciding the appropriate time for giving birth. To reduce the risk to both mother and baby.

The amount of amniotic fluid is an important indicator of the health of the fetus in our study the average anal fistula diameter (AFI) was 8.5 cm, which is considered normal. However, 10% of the subjects who had oligohydramnios this is especially true in premenopausal women, and 5% have polyhydramnios. Especially in women who have gestational diabetes. This finding is consistent with that reported by Mullany and colleagues (2023) [14], who reported that abnormal amniotic fluid levels were frequently found in women with gestational diabetes and preeclampsia. Ultrasound has been shown to be sensitive in detecting these abnormalities, with a sensitivity of 77% for oligohydramnios and 79% for polyhydramnios in our study. These results support the conclusion of Kiserud and colleagues (2018) [8], who discussed that abnormal amniotic fluid levels are often related to maternal conditions such as diabetes and preeclampsia. How does this affect uterine function and fluid control?

As observed in our study Oligohydramnios Often associated with pre-eclampsia. This is a condition associated with decreased placental injection and placental abnormalities. As pointed out by Freire and colleagues (2024) [5], accurate detection of oligohydramnios by ultrasound allows for in a timely manner this may prevent further complications such as fetal hypoxia and premature birth. On the other hand, polyhydramnios this is often related to gestational diabetes. As can be observed in our findings. It may be the first sign of fetal hypertension and other complications.

Gestational diabetes (GD) was diagnosed in 18% of our study participants. And ultrasound showed that abdominal circumference increased in these women which indicates abnormalities in the fetus this observation is consistent with the findings of Crowther and colleagues (1999) [4], who reported that ultrasound can detect changes in fetal volume. Especially the circumference of the uterus, which is related to gestational diabetes. The sensitivity of ultrasound in detecting GD-related fetal abnormalities was 85% in our study. This is consistent with the findings of Baschat and colleagues (2022) [2], who discussed how ultrasound accurately detects changes in fetal size in women with gestational diabetes.

Gestational diabetes can lead to fetal macrosomia. This is a condition in which the fetus grows beyond normal due to increased production of glucose. This results in an increase in abdominal circumference measurement. Our results suggest that regular follow-up with ultrasound may help detect these complications early and recommend practices such as planned childbirth to avoid adverse outcomes complicated birth and childbirth and injuries

Pre-eclampsia, a pregnancy complication caused by high blood pressure and potential organ damage, was seen in 12% of our study participants. Ultrasound imaging revealed a high prevalence of uterine structural abnormalities in this group. Both the anterior and lower uterus as well This is consistent with the work of Moise and Abels (2024)^[13], who reported that preeclampsia may be related to changes in placental position due to changes in extraplacental and placental blood flow. The sensitivity of ultrasound in detecting uterine abnormalities in our study was 79%, which reflects the sensitivity of ultrasound as reported by Nardoza *et al.* (2017)^[15] in a research study. Early identification of structural abnormalities of the uterus It allows for better management of labor and delivery. Reduces the risk of bleeding and premature birth.

Conclusion

In conclusion, this takes a look at demonstrates the important position of ultrasound imaging in monitoring fetal increase and detecting pregnancy complications. The sensitivity of ultrasound in identifying situations inclusive of IUGR, gestational diabetes, preeclampsia, and extraordinary placental positioning underscores its effectiveness in ensuring maternal and fetal fitness. By leveraging ultrasound generation, healthcare carriers can make informed choices, screen potential headaches, and in the long run improve pregnancy effects. As the era continues to develop, ultrasound will remain an essential tool in dealing with high-chance pregnancies and making sure optimal care for both mom and infant.

Ethical Considerations

This observe become performed in complete compliance with moral suggestions to make certain the safety of participants' rights and well-being. All individuals supplied knowledgeable consent earlier than enrolling inside the examiner, and their confidentiality turned into maintained at some stage in the studies process. The observe changed into accepted by using an moral evaluation board, making sure that the studies adhered to the highest requirements of moral conduct in clinical studies.

Acknowledgments

We would really like to explicit our honest gratitude to all of the pregnant ladies who participated in this study, as their cooperation and willingness to proportion their fitness records have been essential to the success of this studies. Our heartfelt thank you also visit the clinical group of workers and researchers who contributed to statistics collection, analysis, and interpretation. Special thanks are prolonged to the institutions and agencies that supplied monetary and logistical assist for this research.

Recommendations

Based at the findings of this examine, we endorse that ultrasound imaging be used greater broadly in the

monitoring of fetal growth and maternal health all through pregnancy, specifically for excessive-risk pregnancies. Regular ultrasound assessments, especially in cases of gestational diabetes, preeclampsia, and atypical placental positioning, can assist detect capability complications early, leading to higher effects for both mom and infant. Further studies into improving the sensitivity and accessibility of ultrasound technology in useful resource-constrained settings is likewise encouraged.

References

1. Abramowicz JS. Obstetric ultrasound: Where are we and where are we going? *Ultrasonography*. 2021;40:57-74. <https://DOI.org/10.14366/usg.20088>
2. Baschat AA, Galan HL, Lee W, DeVore GR, Mari G, Hobbins J, *et al.* The role of the fetal biophysical profile in the management of fetal growth restriction. *Am J Obstet Gynecol*. 2022;226(4):475-486. <https://DOI.org/10.1016/j.ajog.2022.01.020>
3. Benson CB, Doubilet PM. The history of imaging in obstetrics. *Radiology*. 2014;273:S92-110. <https://DOI.org/10.1148/radiol.14140238>
4. Crowther CA, Kornman L, O'Callaghan S, George K, Furness M, Willson K. Is an ultrasound assessment of gestational age at the first antenatal visit of value? A randomised clinical trial. *Br J Obstet Gynaecol*. 1999;106(12):1273-1279. <https://DOI.org/10.1111/j.1471-0528.1999.tb08181.x>
5. Freire MBO, Slater R, Santos TM, da Silva BGC, Baxter L, Menezes AMB. Head circumference and intelligence, schooling, employment, and income: A systematic review. *BMC Pediatr*. 2024;24(1):709. <https://DOI.org/10.1186/s12887-024-05159-2>
6. Granese R, Gulino FA, Incognito GG, Cianci S, Martinelli C, Ercoli A. Ultrasonographic prenatal diagnosis: Unveiling the path to improved antenatal care. *J Clin Med*. 2023;12(13):4450. <https://DOI.org/10.3390/jcm12134450>
7. Harrison BP, Crystal CS. Imaging modalities in obstetrics and gynecology. *Emerg Med Clin North Am*. 2003;21:711-735. [https://DOI.org/10.1016/S0733-8627\(03\)00047-6](https://DOI.org/10.1016/S0733-8627(03)00047-6)
8. Kiserud T, Benachi A, Hecher K, Perez RG, Carvalho J, Piaggio G, *et al.* The World Health Organization fetal growth charts: Concept, findings, interpretation, and application. *Am J Obstet Gynecol*. 2018;218(2S):S619-S629. <https://DOI.org/10.1016/j.ajog.2017.12.010>
9. Kurjak A. 3D/4D sonography. *J Perinat Med*. 2017;45:639-641. <https://DOI.org/10.1515/jppm-2016-0431>
10. Lalor JG, Devane D. Information, knowledge and expectations of the routine ultrasound scan. *Midwifery*. 2007;23(1):13-22. <https://DOI.org/10.1016/j.midw.2006.02.001>
11. Lockett G. Clinical biochemistry of pregnancy. *Crit Rev Clin Lab Sci*. 1997;34:6. <https://DOI.org/10.3109/10408369709038216>
12. Merz E, Pashaj S. Advantages of 3D ultrasound in the assessment of fetal abnormalities. *J Perinat Med*. 2017;45:643-650. <https://DOI.org/10.1515/jppm-2016-0379>
13. Moise KJ Jr, Abels EA. Management of red cell alloimmunization in pregnancy. *Obstet Gynecol*. 2024;144(4):465-480.

- <https://DOI.org/10.1097/AOG.0000000000005709>
14. Mullany K, Minneci M, Monjazeb R, Coiado O. Overview of ectopic pregnancy diagnosis, management, and innovation. *Womens Health (Lond)*. 2023;19:17455057231160349. <https://DOI.org/10.1177/17455057231160349>
 15. Nardoza LM, Caetano AC, Zamarian AC, Mazzola JB, Silva CP, Marçal VM, *et al*. Fetal growth restriction: Current knowledge. *Arch Gynecol Obstet*. 2017;295(5):1061-77. <https://DOI.org/10.1007/s00404-017-4341-4349>
 16. Ohuma EO, Villar J, Feng Y, Xiao L, Salomon LJ, Barros FC, *et al*. Fetal growth velocity standards from the Fetal Growth Longitudinal Study of the INTERGROWTH-21st Project. *Am J Obstet Gynecol*. 2021;224(2):208.e1-18. <https://DOI.org/10.1016/j.ajog.2020.07.054>
 17. Recker F, Gembruch U, Strizek B. Clinical ultrasound applications in obstetrics and gynecology in the year 2024. *J Clin Med*. 2024;13(5):1244. <https://DOI.org/10.3390/jcm13051244>
 18. Salomon LJ, Alfirevic Z, Da Silva Costa F, Deter RL, Figueras F, Ghi TA, *et al*. ISUOG practice guidelines: Ultrasound assessment of fetal biometry and growth. *Ultrasound Obstet Gynecol*. 2019;53:715-23. <https://DOI.org/10.1002/uog.20272>
 19. Sharma D, Shastri S, Sharma P. Intrauterine growth restriction: Antenatal and postnatal aspects. *Clin Med Insights Pediatr*. 2016;10:67-83. <https://DOI.org/10.4137/CMPed.S40070>
 20. Soma-Pillay P, Nelson-Piercy C, Tolppanen H, Mebazaa A. Physiological changes in pregnancy. *Cardiovasc J Afr*. 2016;27(2):89-94. <https://DOI.org/10.5830/CVJA-2016-021>
 21. Tkachenko O, Shchekochikhin D, Schrier RW. Hormones and hemodynamics in pregnancy. *Int J Endocrinol Metab*. 2014;12(2):e14098. <https://DOI.org/10.5812/ijem.14098>
 22. Wanyonyi SZ, Mutiso SK. Monitoring fetal growth in settings with limited ultrasound access. *Best Pract Res Clin Obstet Gynaecol*. 2018;49:29-36. <https://DOI.org/10.1016/j.bpobgyn.2018.02.001>
 23. Whitworth M, Bricker L, Neilson JP, Dowswell T. Ultrasound for fetal assessment in early pregnancy. *Cochrane Database Syst Rev*. 2015;2015(7):CD007058. <https://DOI.org/10.1002/14651858.CD007058.pub3>

How to Cite This Article

Hameed RA. The effectiveness of ultrasound imaging in monitoring pregnancy complications and fetal development. *International Journal of Obstetrics and Gynaecological Nursing*. 2025;7(1):01-07

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.