

EDD VERIFICATION CHECKLIST

Sonographers + providers | New-visit dating review

Verify the source before making gestational-age-based recommendations. Use with the OpenMFM dating presentation and local reporting policy.

Patient / chart ID: _____ Encounter date: _____

01 ASK: evaluate the menstrual history

- ☐ First day of last normal menstrual period (LMP), certainty, usual cycle length and regularity.
- ☐ Typical bleeding? Recent contraception, lactation / amenorrhea or fertility treatment?

02 RETRIEVE: find the earliest evidence

- ☐ Ask about prior OB, emergency-department and fertility scans. Obtain the original report.
- ☐ Verify scan date, CRL / biometry, ultrasound age, adequacy and original EDD; check ART records.

05 COMMUNICATE: close the loop

- ☐ Sonographer flags discrepancies; responsible provider confirms the EDD and rationale. Align the report and chart; explain the final date to the patient and referring team.

03 RECONCILE: review the dating basis

- ☐ Compare LMP, assigned dating and earliest adequate scan; calculate the discrepancy in days.
- ☐ Use the exact ACOG age window and LMP reliability. Preserve reliable early dating; verify ART dating.

04 DOCUMENT: make the decision traceable

- ☐ Complete the template below, including why the EDD was retained or changed and any uncertainty.

Escalate: missing / conflicting records, inadequate images, ART discordance or concerning size. Do not redate simply to normalize growth. No confirming or revising ultrasound before **22w0d** means suboptimal dating; document the best estimate and a provider-directed plan.

DATING DOCUMENTATION TEMPLATE

Complete in the chart or use these lines as a structured handoff.

LMP / certainty: _____

Cycles (usual length, range, regularity): _____

Relevant history / ART (transfer date, embryo age): _____

Earliest report (source, scan date): _____

CRL / biometry, ultrasound age and image adequacy: _____

LMP / assigned age at scan; discrepancy in days: _____

Final EDD; basis and reason retained / changed: _____

Provider review; patient / referring-team communication: _____

Missing evidence; follow-up owner and plan: _____

Sources: ACOG CO 700 (2017), doi:10.1097/AOG.0000000000002046; CO 688 (2017), doi:10.1097/AOG.0000000000001949. AIUM standard obstetric ultrasound (2024), doi:10.1002/jum.16406. Proposed workflow; supports clinical judgment.