Brief report of the SIG IMAGING IN PREGNANCY activities in the past year

During many years the main aim of the SIGs was to organize a pre-congress course before the biannual ISPD Conference, focused on a specific topic that could be of interest for a specific group of professionals working on Prenatal Diagnosis. Initially, Maternal-Fetal Medicine specialists could choose among 3 SIGs (Fetal Ultrasound, Invasive Procedures and Fetal Therapy), currently reduced to 2 (Pregnancy Imaging and Fetal Therapy). Accordingly, at all our SIG meetings, new topics were requested for future courses, to be informed about sonologists’ preferences.

In the 2 last Conferences (2013, 2014), our SIG has not been asked to organize any pre-congress course. However, the one that we organized in 2012 “Ultrasound in genetic syndromes” has been recurrently scheduled in 2013 and 2014 by the education coordinators, but the SIG chair and co-chair were not involved in choices of subjects and speakers.

The second aim of our SIG is to develop guidelines or position statements. We identified two hot topics to be explored, in which fetal ultrasound was applied in the diagnosis of genetic syndromes: a) Microarray in fetal anomalies; and b) the Genetic Sonogram. These topics were extensively discussed in the SIG meetings of 2012 (a) and 2013 (b).

A group of 5 members of the SIG started in late 2012 to draft a review on the first topic (Microarray in fetal anomalies) that was submitted to Prenatal Diagnosis, and finally rejected after a first revision was resubmitted. Interestingly, 2 identical reviews were published some months later in PD and UOG by other members of our SIG. In the last SIG meeting (2013) a review on the second topic (Genetic Sonogram) was agreed, but again 2 other members of the SIG published an identical review in PD some months later. To make it short, our SIG has been very successful in suggesting topics for reviews, but unsuccessful in publishing these reviews as a SIG, despite a fast writing and submission process. We expected PD to be more receptive to institutional rather than individual reviewers, when the quality of the papers is similarly good. At present, we are now working on a position statement on the Genetic Sonogram, which is a really controversial area, trying to achieve a final consensus.

Recently, a couple of courses have been co-organized between ISPD and ISUOG, the society on Ultrasound in OB/GYN, at the board/presidential level. Again, we think that SIGs’ cooperation could be of some help in bridging the background of both societies.
We feel the past year experience to be somewhat discouraging, and we are willing to make a new start. For this reason we would like to ask the ISPD board to establish clear aims and cooperation paths with the SIGs

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