The fetal biophysical profile score (FBS) or BPP refers to the evaluation of four discrete biophysical variables in documented fetal disability in the second or third trimester of pregnancy. It is a standard test of the evaluation in the fetus. It is usually evaluated after 28 weeks of pregnancy. Radiographic prepartum ultrasound ultrasound variables are: fetal breathing, considered abnormal if no bi-phasic breathing for x minutes within 20 minutes; fetal movements; considered abnormal if the fetus did not move in 20 minutes; each of these parameters is given a score of either 0 or 2 points where the abnormal score is 0, while the normal score is 2.Therefore, for ultrasound evaluation, the overall score is given from 0. Generally abnormal scores out of all are offered as 48 or less. In addition, an additional non-parametric variable (stresses test) with both the scores is taken into account. In this case, the score is given from 0. Potential confounding variables like the gestational age, the maternal history, and the fetal heart rate are used. The score is considered abnormal if it is less than 48. A low score suggests a need for further evaluation, while a high score suggests a normal pregnancy.  Fetal breathing variations exert a major influence on the FHR. Normal respiratory patterns allow the fetus to maintain a steady FHR and to respond to various stimuli. Abnormal respiratory patterns can result in changes in FHR variability, which may be beneficial for fetal well-being. Fetal breathing variations can be assessed by listening to the fetal heart rate and by observing the movements of the fetus. The fetal breathing variations can be divided into two main categories: regular and irregular. Regular breathing variations are characterized by a regular pattern of breathing, with each breath having a consistent duration and intensity. Irregular breathing variations are characterized by a less regular pattern of breathing, with each breath having a varying duration and intensity. Fetal breathing variations are important in the assessment of fetal well-being, as they provide information about the fetal respiratory efforts and the ability of the fetus to adapt to various stimuli. The fetal breathing variations can be assessed by listening to the fetal heart rate and by observing the movements of the fetus. The fetal breathing variations can be divided into two main categories: regular and irregular. Regular breathing variations are characterized by a regular pattern of breathing, with each breath having a consistent duration and intensity. Irregular breathing variations are characterized by a less regular pattern of breathing, with each breath having a varying duration and intensity. 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non-reactive FHR models. Maternal obesity can make adequate visualization a challenge, so depth and gain on ultrasound images may be altered. In general, the use of ultrasound in the obstetrician is considered safe. However, ACOG published a bulletin in 2017 on the limited use of interventions during pregnancy.

Note that it is generally accepted as a safe study; there is no way of ascertaining whether prolonged or repeated exposure to ultrasound waves has a detrimental effect on the fetus. Therefore, the principle as low as reasonably achievable (ALARA) is supported, which means using ultrasound only if there is a specific indication for it. Providers should bear in mind the thermal effect of the probe on the foetus, which is the ratio of the acoustic force emitted by the probe to the power required to increase tissue temperature by one degree Celsius anywhere along the beam. Ideally, there are recommendations for settings that have the lowest heat index. In some obstetric patients it is very uncomfortable to lie on the back. Again, as mentioned above, with an ambiguous score or abnormal fluid index, the study may be repeated in 1 day. Non-reassuring studies should lead to a medical examination of why and preparation of the mother and fetus for childbirth. Urgency towards childbirth must be based on the consensus of the interdisciplinary medical team and must take into account all factors such as gestational age, medical condition and hospital capabilities. BPP takes into account multiple factors of fetal growth and development.

Further Education/Review Issues
