FORWARD

Ultrasound was introduced into the practice of Obstetrics and Gynecology over four decades ago, and along the way its impact has risen exponentially to a point where it is rare even for a low risk, uncomplicated, patient to make it through pregnancy without having at least two ultrasound examinations and a high risk patient to have less than four scans. Most important is the pivotal role ultrasound plays in our obstetrical decision-making and in GYN one rarely hangs one's hat on a diagnosis made by a pelvic exam alone.

While building a career in OB/GYN, residency represents, by far, the most impactful step. Recently, I asked graduating residents from around the country interested in our perinatal fellowship to rate their training in ultrasound (from 1 to 10). The average was 3. Only one of the twenty three individuals I interviewed rated their training as 9. Why? Because in resident training programs the importance of ultrasound is often downplayed in favor of other facets of the specialty, and enlightened faculty members interested in imparting ultrasound knowledge and skills are challenged by the woeful lack of resource material on the basics of obstetrical and gynecological ultrasound. Yes, students or program directors can easily find some directed texts on the fetal CNS, heart, skeletal dysplasias, and high risk pregnancy, in general, but locating a text that deals with the nitty- gritty of day-to-day scanning has been challenging. Until now!

Dr. Abuhamad and colleagues have come up with a resource that really fills the void perfectly. This text concisely covers the physics of ultrasound and how to exploit the features of today's equipment to optimize every image, while using methods to assure that the fetus is exposed to the lowest ultrasound energies. It tackles something as mundane as how to hold a transducer properly, as well as providing clever hints on how, for example, to insert the vaginal transducer into the umbilicus to better image the fetus in an obese patient. The authors outline beautifully what ultrasound will enable us to see in a normal first trimester, second trimester, and third trimester pregnancy, as well as in a non-pregnant uterus and adnexa – and they give tips along the way on how to cone in on the essential items to piece together a clinical picture. They also masterfully cover many of the common clinical surprises that a sonographer and sonologist might encounter. Most importantly, the text is embellished with some of the most beautiful ultrasound images I have seen in any textbook.

If you are an experienced sonographer or sonologist who wants a booster dose of ultrasound knowledge or a quasi-novice thrown suddenly into an ultrasound-heavy clinical practice, or ANY student wanting to learn more about OB/GYN ultrasound, this book will provide the necessary backdrop to help you become a more savvy and proficient practitioner.

I cannot wait to get this into the hands of every one of our residents and fellows.

John C. Hobbins, MD