Objective
An audit was done to estimate the accuracy of the growth scans done in the antenatal period. This was done to ensure the management of high risk pregnancies is appropriately performed based on weight estimation by scans.

Methods
The audit is a retrospective analysis of the weight estimated by growth scans in diabetic singleton pregnancies. A total of 110 patients were analysed in this audit who had pregnancies complicated by diabetes and having regular growth scans. All growth scans were done within 2-3 weeks of birth. Scan estimated birth weight was calculated with the neonatal weight gain chart. This weight was correlated with the actual birth weight of the baby.

Results
84.5% of the actual birth weight was found to be within 15% of scan estimated birth weight which included both over or under estimation of birth weight. 98% of the actual birth weight was found to be within 25% of scan estimated birth weight which included both over or under estimation of birth weight. In the 15.4% of patients where the birth weight was over the 15% error margin of the scan estimated weight there was over estimation of birth weight in 82% (14/17) and under estimation in 17% (3/17) of patients. There was no direct relation to individual monographer or raised BMI in over or under estimation of the weight by growth scan.

Conclusion
The audit shows increased accuracy in scan estimation of weight of the fetus and thereby reassuring the management of high risk pregnancies.