ANTENATAL ULTRASOUND ABNORMALITIES

DEFINITION

- Any lesion identified antenatally in the fetus (e.g. renal pelvic dilatation, hypoplastic left heart)
- Any maternal factor identified antenatally that could affect baby after delivery (e.g. anhydramnios from preterm prolonged rupture of membranes, maternal antibodies causing fetal anaemia)

COUNSELLING BEFORE DELIVERY

- Abnormality detected in a local unit may require referral to regional fetal medicine centre
- All affected pregnancies will have detailed individualised plans for management of baby by consultant neonatologist, including place of delivery
- As some lesions are progressive (e.g. hypoplastic left heart syndrome, gastroschisis), the situation can change and information from the obstetric team can alter over time. Discuss all affected pregnancies at the combined fetomaternal meeting until delivery
- Offer neonatal counselling to all women whose pregnancy has been affected by major lesions, to discuss the impact of the identified lesion on quality of life, including possible disabilities, investigations and surgery, and post-delivery plan

Cleft lip and/or palate

- Obstetric team to refer to regional multidisciplinary cleft palate team, who will counsel parents, communicate plans for delivery and provide postnatal support for baby

Hypoplastic left heart syndrome or other presumed duct-dependent lesions

- Obstetric team to refer to regional fetal cardiologist, who will counsel parents and, where appropriate, confirm diagnosis and provide a plan of action, including most appropriate unit for delivery

Congenital diaphragmatic hernia

- Obstetric team to refer all cases to tertiary fetal medicine team at time of diagnosis
- Amniocentesis may be performed before referral where this is offered (Birmingham or Liverpool) who will counsel, monitor and arrange delivery in the NICU

Ventriculomegaly

- Obstetric team to refer to fetal medicine team, who will counsel parents, consider further testing, e.g. fetal MRI/amniocentesis/screening for fetal infections, and plan for delivery (timing and mode)

Fetal anaemia due to alloimmunisation

- Obstetric team to refer to tertiary fetal medicine team who will counsel parents, and where appropriate, perform in utero fetal blood transfusion and provide plan of action including timing and most appropriate unit for delivery

Renal pelvis dilatation/hydronephrosis

- Obstetric team to refer to fetal medicine team who will counsel parents, consider further testing e.g. amniocentesis, and plan postnatal investigations

Twin-to-twin transfusion syndrome

- Obstetric team to refer to tertiary fetal medicine team who will counsel parents and where appropriate perform in utero procedures (laser ablation) and provide plan of action including timing and most appropriate unit for delivery

Known genetic disorder (e.g. inborn error of metabolism)

- Obstetric team to refer to fetal medicine team who will counsel parents, involve clinical genetics team for further counselling, consider further testing e.g. amniocentesis and plan postnatal evaluation and treatment

MANAGEMENT AFTER DELIVERY

- For minor lesions, follow appropriate guideline and inform senior staff and parents
- For other lesions, follow written plan made by senior staff before delivery, including need to contact seniors and specialist staff in regional referral centre before and after delivery
- Communicate any new information obtained after birth to consultant as this may change the plan of care required
- Maintain regular contact with specialist teams as indicated by them
- Arrange postnatal transfer if required when bed available
- Keep parents informed of actions taken and contact from specialist teams
- Consider syndrome for babies with >1 lesion, discuss with senior staff as soon as possible
- When available and if not issued antenatally, provide written information from 'Contact a family' book or www.cafamily.org.uk/

Specific lesions
See **Urinary tract abnormalities diagnosed antenatally, Gastroschisis, Congenital diaphragmatic hernia** and **Congenital heart disease: duct dependent lesions** guidelines