

FETAL DIAGNOSIS SERVICE

Referral Criteria

- abdominal wall defect
 - omphalocele, gastroschisis, Pentalogy of Cantrell, bladder extrophy
- amniotic bands
- CNS malformation
- congenital heart defect
- cystic hygroma (>17 weeks) (less than 17 weeks gestation should be referred to Medical Genetics)
- diaphragmatic hernia
- facial abnormalities
 - cleft lip and/or palate
- fluid collections in fetuses:
 - ascites, pleural effusion, or pericardial effusions (> 2 mm),
 - hydrops (> 17wks) (less than 17 weeks should be referred to Medical Genetics)
- GI anomalies:
 - obstruction such as duodenal atresia
 - other GI obstructions presenting with dilated bowel loops
- intrauterine growth restriction (IUGR) <26 weeks (defined as AC < 5%ile or any other two growth parameters < 5%ile)
- limb anomalies
 - reduction defects
 - shortening of long bones (< 1%tile)
 - clubfoot
- lung pathology such as CCAM or pulmonary sequestration
- microcephaly (HC < 3%)
- fetal body masses
 - neck, face, back, such as sacroccocygeal teratomas
- neural tube defect (except anencephaly => to be referred to Medical Genetics)
- obstructive uropathy:
 - hydronephrosis >10mm
 - bilateral hydroureters
 - megacystis
- oligohydramnios detected before 26 weeks gestation
- polyhydramnios (if confirmed at BCWH)
- renal anomalies:
 - dysplastic
 - multicystic
 - agenesis
- skeletal dysplasia
- ventriculomegaly (10mm or greater)