GUIDELINES FOR BOOKING FETAL ECHOCARDIOGRAM (BCWH November 2020))

General scan slot at BCWH [1]

'Extended Heart Views' stamped if scan done BCW US

Usually conditions where the risk of cardiac anomaly is less than threshold for "Screening fetal echo" but significantly higher than General population and/or at very increased risk for anomalies.

Rationale:These are indications for fetal echo in some jurisdictions but do not meet the threshold for BCWH given resource constraints.

- Monochorionic twins
- Type 1 DM & Type 2 DM
- Early diagnosis of GDM (< 20 wks);
- Unsatisfactory views of the heart on previous scan without suspected abnormality specified
- MG referral for previous history of multiple anomalies including CHD
- Irregular fetal arrhythmia: as per PAC's algorithm
- Multicystic dysplastic kidneys
- Non isolated single umbilical artery
- Persistent right umbilical vein (PRUV)
- Absent nasal bone
- Nuchal fold = or > than 6.0mm on detail scan
- gastroschisis
- Lithium exposure
- Antiepileptic drug exposure (valproate, phenobarbital, topiramide, carbamazepine, phenytoin, levetiracetam, lamotrigine)

[1] ***Booked into general scanning spots -****60 min slots*

Screening fetal echo slot [2]

Usually conditions where the risk of cardiac anomaly is between above 3% prevalence or 3.5 x OR.

Rationale: These are for the most part associated with structural abnormalities. .

- Major fetal abnormalities that have already been identified (CPAM, CDH, omphalocele)
- Monoamniotic twins
- Anti-SSA or SSB antibodies < 26 wks
- Known chromosomal anomalies
- Fetal hydrops
- Pericardial effusion > 3mm
- Medical Genetics assessment of patient with risk that meets above criteria
- First trimester US
  - Reversed flow on DV
  - NT ≥ 3.5 mm
- Sibling or one of the parents born with a major cardiac anomaly

Booked on Tuesday /Thursday afternoons, Fetal Echo screening slots, or as triaged via US Echo MFM/ US Supervisor

Full fetal echo slots (Tues, Thurs) [3]

Usually conditions where the risk of cardiac anomaly is greater than 3.5 or requires MFM/Peds cardiology collaboration.%.

Rationale:These conditions need the expertise of a pediatric cardiologist to confirm the diagnosis and/or discuss the prognosis and implications with the patient.

- Suspected/known cardiac anomaly
- Fetal tachyarrythmia (>180) or bradyarrhythmia (< 70) sustained over several minutes not associated with hypoxia
- Request by MFM/Fetal echo doc
- Request for functional echo
  - Hydrops
  - TTTS
- New FDS cases

[3] ***ONLY booked on Tuesday or Thursday fetal echo sessions. May also have to be a one off arrangement in emergency situations. Minimum 60-90 min slots.***

Screening fetal echos should be booked at 19.0 -22.0 weeks gestational age if first time here. For repeat visits, it will be as directed.