BC WOMEN'S HOSPITAL+ HEALTH CENTRE
Provincial Health Services Authority

FETAL DIAGNOSIS SERVICE

Referral Criteria

- abdominal wall defect
  - omphalocele, gastroschisis, pentalogy of Cantrell, bladder extrophy
- amniotic bands
- cardiac defect
- CNS malformation
- 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 (> 3 mm), subcutaneous edema
  - hydrops (> 17wks) (less than 17 weeks should be referred to Medical Genetics
- gastrointestinal anomalies:
  - obstruction e.g. duodenal atresia "double bubble sign"
  - dilated bowel loops
  - meconium peritonitis
- intrauterine growth restriction (IUGR) <26 weeks (defined as AC < 5%ile)
- limb anomalies
  - limb reduction defects
  - very short long bones (< 1%ile)
  - club foot
  - polydactyly, oligodactyly, syndactyly, ectrodactyly
- lung pathology such as CPAM or bronchopulmonary sequestration
- microcephaly (HC < 1%ile)
- fetal body masses
  - neck, face, back, e.g. sacrococcygeal teratoma
- neural tube defect (except anencephaly => to be referred to Medical Genetics)
- obstructive uropathy:
  - hydronephrosis >10mm
  - hydroureter
  - megacystis
- oligohydramnios detected before 26 weeks gestation
- polyhydramnios (AFI > 250mm)
- renal anomalies:
  - dysplastic
  - multicystic
  - agenesis
  - ectopic
- skeletal dysplasia
- ventriculomegaly (10mm or greater)