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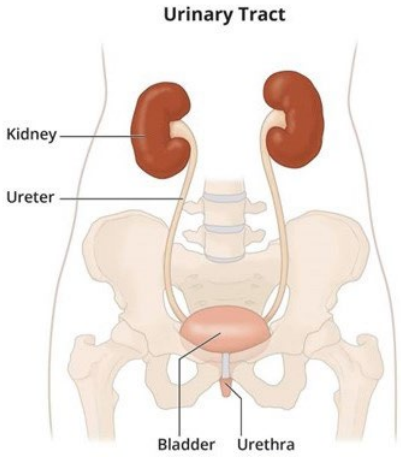
Fetal renal pelvic dilatation

Your baby has been found to have more fluid in its kidneys than expected. This leaflet will explain what this means for you and your baby.

What does this mean?

Your ultrasound scan has shown that the area within one or both of your baby's kidneys where urine collects, known as the renal pelvis, is a little wider (dilated) than we would expect to see. The normal measurement of the renal pelvis is 0-7mm before 24 weeks and less than 10mm after 28 weeks. If the measurement is more than this, it is called renal pelvic dilatation (RPD).

RPD is common to see on antenatal scans and often no cause is found.

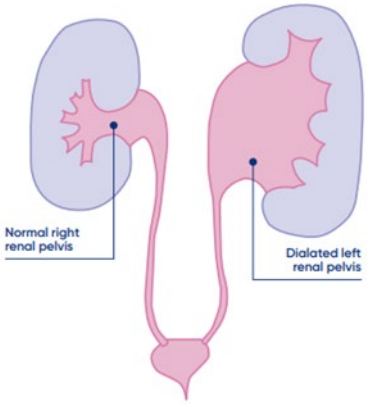


In most cases, it is not a significant problem and often (in 8 out of 10 cases) it is temporary and not associated with any problems in the kidney or ureter (two thin, muscular tubes that carry urine from the kidneys to the bladder). In this situation, there is no risk for your child's future health.

However, in a small proportion of cases, RPD can be an indicator of problems involving the kidneys, ureters, bladder, or the urethra (tube through which urine leaves the bladder) which we will explain further below.

Why does it happen?

The exact cause of RPD is not always clear during a pregnancy, but it may indicate one of the following possibilities:



- A variation in the normal development process in the urinary system. There is usually no underlying problem, and the kidneys will eventually have a normal appearance towards the end of the pregnancy or when the baby has been born.
- The backward flow of urine from the bladder into the ureters and kidneys - this is called vesico-ureteric reflux. It occurs when the small valves in the lower part of the ureter near the bladder, which control the direction of urine flow, are not working, as they should be.
- An obstruction or blockage it can be an early sign for either a temporary or a permanent obstruction somewhere in the urinary system.

What will happen next?

In a few cases the dilatation (widening) that we have seen, in one or both of your baby's kidneys, can increase and worsen during the pregnancy. We will need to monitor the size of each renal pelvis and check the rest of the urinary system at a further antenatal ultrasound scan later in the pregnancy. This is done at about 34 weeks. Which we will arrange for you for 34 weeks.

What does this mean for my pregnancy?

- This will not affect your birth plan you can still plan to have the birth you want, in your chosen place of birth.
- There is no risk to the baby during pregnancy.
- Your baby will need to be seen by the neonatologists (doctors specialising in babies) after being born and have passed urine (had a wet nappy) before you go home.
- Your baby may need another detailed ultrasound scan within a few weeks of birth and possibly before going home.

If the RPD continues, what will happen, can anything be done?

During pregnancy:

There is no need for any treatment before the baby is born.

After you baby is born:

- Your baby may need further scans, the timing of which will be decided by the neonatologists.
- If the scans are normal, the doctors will write to you and to your GP and no further investigation or treatment will be needed.
- If the scans show continuing or increasing dilatation, your baby may need further scans or treatment and an appointment will be made to see the paediatric urologist.

Where can I get further information about RPD?

If you have any further questions, you can speak to your Midwife, GP, obstetrician, or a member of the clinical team providing your antenatal care.

If you have any questions or concerns, please contact Fetal Medicine Unit/Screening Midwife Office on phone number: **0118 322 7292** (Monday to Friday, 9.00am-4.00pm).

Online information can be found through ARC (Antenatal results and choices) website www.arc-uk.org or call 020 7713 7486 (Mon – Fri: 10am – 5:30pm)

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Associate Specialist (RBFT Ultrasound), October 2024
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