**FETAL MEDICINE / CARDIOLOGY CRITERIA**

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| **Fetal Medicine Welsh Referral Criteria 2016** **Patients in these groups are eligible for a Fetal Medicine Referral in Wales** |
| 1) Specialised ultrasound examination and subsequent care of fetuses at risk of or with suspected malformations, dysmorphic or genetic syndromes *- will be assessed on individual basis* | **[ ]**  |
| 2) Relevant family history of chromosomal or genetic disorders *- will be assessed on individual basis* | **[ ]**  |
| 3) Relevant chromosomal or genetic disorder *- will be assessed on individual basis*  | **[ ]**  |
| 4) Previous relevant structural anomaly *- will be assessed on individual basis.* | **[ ]**  |
| 5) Ultrasound guided Invasive testing – i.e Chorionic villus sampling, amniocentesis, fetal blood sampling*(excludes amniocentesis for maternal age and increased Downs Risk on Combined Screening)* | **[ ]**  |
| 6) Ultrasound guided therapies – i.e Amniotic fluid, drainage, transfusion therapy, feto-amniotic shunting,  | **[ ]**  |
| 7) Procedures for the selective reduction of high multiple pregnancies *(Triplets or greater)* | **[ ]**  |
| 8) Complicated multiple pregnancies *- TTTS and growth discrepancy* | **[ ]**  |
| 9) Feticide in pregnancies more than 21+6 weeks | **[ ]**  |
| 10) Pregnancies at risk of Iso-immunisation and allo-immune thrombocytopaenia *(NAIT)* | **[ ]**  |
| 11) Fetal Infection – e.g. *Toxoplasmosis, CMV, Parvovirus, Varicella, Rubella and Syphilis* | **[ ]**  |
| 12) Cardiac arrhythmias – *Fetal SVT, Heart block (also see Fetal Echo Criteria below)* | **[ ]**  |
| 13) Exposure to Teratogens | **[ ]**  |
| 14) IUGR – *severe early onset in current or previous pregnancies (growth on or below 3rd centile or prior to 32/40* | **[ ]**  |

***Exclusion:*** *Preterm Premature Rupture of the Membranes (PPROM) is an obstetric complication to be managed locally*

**Fetal Echo Welsh Referral Criteria 2016:**

**Patients in these groups are eligible for Fetal Echo Referral in Wales**

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| 1) Suspicion of fetal cardiac abnormality during an obstetric scani. Most cases of cases of fetal congenital heart disease will occur in this group | **[ ]**  |
| 2) Fetal arrhythmiasi. sustained bradycardia - *heart rate <110 beats per minute* ii. tachycardia – *heart rate >180 beats per minute* | **[ ]**  |

***Exclusion:*** *Irregular heart rhythms 120-180bpm can be managed in conjunction with the local obstetric teams and referral to tertiary centre should be avoided and agreed local management protocols should be in place.*

**Other Risk factors for Cardiac Anomalies:**

**Whilst NOT eligible for referral - consider local scan at 24 weeks to recheck cardiac views.**

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| 1) Maternal exposure to cardiac teratogens:i. anticonvulsant, retinoic acid, lithium *(risk 2%)*ii. viral infection (*rubella, CMV, coxsackie, parvovirus and toxoplasma)* | **[ ]**  |
| 2) Maternal collagen disease with anti Ro/SSA and/or anti La/SSB *(risk 2-3%)* | **[ ]**  |
| 3) Maternal medication with Non Steroidal Anti-Inflammatory (NSAID) drugs | **[ ]**  |
| 4) Paternal congenital heart disease *(risk 2-6%)* | **[ ]**  |
| 5) Previous child or fetus with congenital heart disease or congenital heart block a. 1 affected child (*risk 2-3%, though higher for some lesions, e.g. isomerism)*b. 2 affected children *(risk 10%)*c. 3 affected children *(risk 50%)* | **[ ]**  |
| 6) Previous child with congenital complete heart block with maternal auto antibodies *(risk CHB 20%)* | **[ ]**  |
| 7) Chromosomal anomalies, gene disorders or syndromes associated with congenital heart disease or cardiomyopathy *(risk will depend on individual disorder)* | **[ ]**  |
| 8) Nuchal translucency >99th centile for crown rump length or NT >3.5mmi. Risk 6-7% for NT >3.5 mm but increases with increasing NT measurement *(A nuchal translucency >95thcentile is also associated with an increased risk but less so)* | **[ ]**  |