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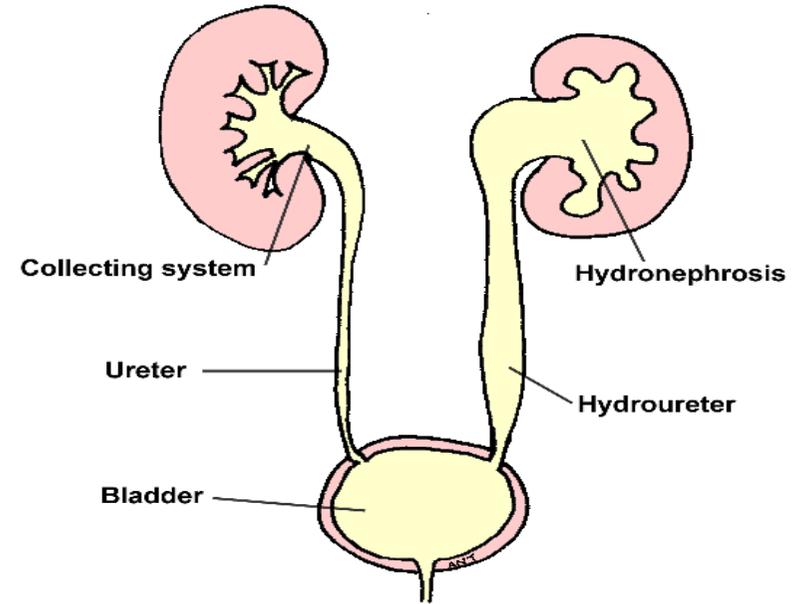
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# Antenatal Hydronephrosis

## Information for pregnant women and parents



## Who should I contact if I have any queries?

The Paediatrician on the postnatal ward should be able to answer any questions you might have. You should have a clear plan of any follow up scans and outpatient clinic appointments necessary for your baby. The telephone number for the Children's Outpatient Department is 01932 722508, and for the Neonatal Paediatricians secretaries is 01932 723495.

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### Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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**Department:** Paediatrics

**Version:** 3

**Published:** May 2018

**Review:** May 2021

obvious cause for their symptoms, a urine sample should be collected to look for infection.

## **Antenatal Hydronephrosis**

### **Information for pregnant women and parents**

#### **What is Antenatal Hydronephrosis (ANH)?**

Antenatal (i.e. before birth) hydronephrosis (fluid filled kidney) is a term used to describe the appearance of an enlarged drainage system of the kidney, seen on ultrasound scan. This area is called the pelvis of the kidney, and is normally less than 8mm in diameter at 20/21 weeks. It is a relatively common finding, seen in up to 1% of all babies.

#### **What causes ANH?**

In a large percentage of cases there is no underlying abnormality with the kidney or its drainage system. In a small number of cases there may be urine travelling back up from the bladder to the kidney – a condition known as reflux, or there may be an obstruction (blockage) to the kidney.

#### **Are there different severities of ANH?**

Yes, the ANH may be classified as mild/moderate or more severe, depending on the measurement. It may be on one side or both. The investigations and follow up required will depend on the severity.

## **How will my pregnancy be monitored?**

Usually an extra scan will be performed at 34 weeks of pregnancy, to look at the degree of hydronephrosis, as well as the growth of the kidneys. There will be occasions when the scan will be earlier than 34 weeks, for example - if both kidneys are affected. Sometimes the hydronephrosis may have completely resolved by this stage. If it persists, your baby will need follow up after they are born. You can still have your baby here at St. Peter's Hospital as planned, and the ANH will not affect your delivery.

If the ANH is more severe, you will be referred to a specialist at St. George's Hospital for further scans during pregnancy.

## **What will happen to my baby after birth?**

The Paediatrician performing your baby's newborn examination will discuss the necessary investigations and follow-up for your baby. Your baby will be started on a low dose of antibiotic once a day to keep the urine sterile. This should be continued until any necessary investigations are completed, and the Paediatrician tells you to stop.

## **What investigations will my baby need?**

This depends on the underlying severity of ANH. Your baby will have an ultrasound at 7 – 14 days of age. Other investigations may be indicated, depending on the severity of the ANH. You will be seen by a Consultant Neonatal Paediatrician or a member of their team in clinic when your baby is around 4 - 6 weeks of age. They will discuss the results of the ultrasound with you, and also any further investigations necessary.

## **What does this mean for my baby in the long term?**

Overall the outlook for babies with ANH is excellent. Most babies with ANH do not have significant underlying problems. Many cases resolve spontaneously and some remain stable and cause no problem to the baby. Some babies with ANH may require further tests to look for reflux or an obstruction. Many babies with reflux remain on low dose antibiotics in infancy and have no long term problems. Babies with an obstruction may need to be seen by a specialist for further investigations.

## **Is there anything I should look out for with my baby?**

As with all babies, part of the newborn screen is to check that your baby is passing urine. In little boys an observation of how powerful the stream of urine is will also be noted. Some babies with ANH are at a slight increased risk of urine infection. At home, if your baby appears unwell with a temperature, vomiting or tummy pain, you should seek medical advice. If there is no other