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## Echogenic Bowel Guidelines

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

### **Purpose**

To provide guidance for clinical management of pregnant women when t echogenic foetal bowel is detected on anatomy scan

### **Scope**

All obstetric and midwifery staff

### **Definition**

Fetal bowel with homogeneous areas of echogenicity equal to or greater than that of surrounding bone on anatomy scan (16-20 weeks). Foetal bowel is usually echogenic in third trimester, so its detection is not clinically significant.

### **Acronyms**

CMV: Cytomegalovirus

TORCH screen: Toxoplasma, Rubella, CMV, Herpes Simplex screen

PCR: Polymerase chain reaction

CF: Cystic fibrosis

IUFD: Intrauterine fetal demise

IUGR: Intrauterine growth restriction.

### **Causes**

- normal variant( resolves without sequel)
- Chromosomal abnormality, most common Trisomy 21
- Cystic fibrosis (2%)
- Fetus swallowing intra amniotic blood
- Congenital malformations of bowel like atresia
- IUGR (mesenteric ischemia: poor prognosis)
- Fetal infections : CMV/Toxoplasmosis/Parvovirus
- Others: fetal alcohol syndrome; Alpha thalassemia

### **Evaluation**

#### **History**

- Bleeding, trauma
- Recent infection, travel, alcohol
- Family history of cystic fibrosis

### **Investigation**

- Maternal blood : TORCH/Parvovirus serology, Cystic fibrosis (CF) screen
- Amniocentesis: foetal karyotype ; PCR for CMV/Toxo if mother positive; DNA analysis for Cystic Fibrosis (if parents positive)
- Paternal blood for CF screen if mother positive

### **Management:**

Should depend on the cause.

If no cause found, still requires close monitoring for IUGR. (Serial growth scans at 28/40, 32/40 and 36/40)

Induction of labour may be considered at term

### **Prognosis**

Usually resolves but still require evaluation. The prognosis is good if resolves.

Poor prognosis if associated with IUGR: increased risk of IUFD/Perinatal morbidity/mortality

### **Reference**

NZMFM network: Guidelines on fetal echogenic bowel.

Martin J Whittle. Abdomen. In Fetal Medicine, basic science and clinical practice. Charles H Rodeck, Martin J Whittle (eds) pp 447-458. Churchill Livingstone. Second edition.

### **Informed Consent**

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).