

Integrated Care Pathway for Prenatal CHD for East Midlands:

**18+0 – 20+6 Fetal Anomaly Scan including Cardiac Protocol.
Cardiac anomaly suspected/confirmed**

Consider urgent referral to cardiac centre first, who will offer an appointment within 3 calendar days. Use UHL referral form and email to uho-tr.fcadiac@nhs.net

NT ≥ 3.5 mm at 11 – 14+1 weeks
Chromosomal testing and Microarray offered if not already performed. Refer to fetal medicine centre for testing if wished
Consider scan at 16-17 weeks by appropriate specialist

Arrange level 2 scan locally within 3 calendar days to confirm findings. Option to refer to fetal medicine unit if needed (fetal medicine team may be Leicester, in which case fetal medicine and cardiology may happen together) Discuss/offer Chromosomal testing and Microarray if appropriate to findings

Cardiac Anomaly Identified < 18/40

Test confirms chromosome problem

Heart Anomaly confirmed/suspected

Chromosomal testing and Microarray re-offered if not already performed

Counsel with additional teams as needed

Arrange appointment with regional fetal cardiology team if not already done (use online referral system). Discuss with parents whether they wish to wait for result of rapid chromosome test

Decision to end pregnancy

Decision to continue

Assessment by regional Cardiology team

No Heart Anomalies Detected: manage for other abnormalities

Genetic Counselling (where needed)

Heart Anomaly Identified; diagnosis, counselling, re-discuss chromosome testing if declined

In either case, regional team to provide the referring hospital with the scan outcome report to aide local clinical decision making

Continue with pregnancy

Request termination of pregnancy. Refer back to referral unit

Planning for timing, place and method of delivery between 32-36 weeks, by MDT team (virtually via WebEx, telephone or letter). All personnel involved informed

On- going monitoring & management care pathway devised according to condition. All personnel involved informed

Post-mortem offered

Local unit to follow up

Genetic counselling where appropriate

COMMUNICATION BETWEEN PARENTS AND ALL HEALTH PROFESSIONALS

FEEDBACK, AUDIT AND MONITORING SYSTEMS (3)