Information for women whose fetal anomaly scan has shown that their baby has echogenic bowel

The information in this leaflet only applies if echogenic bowel is the only finding on the scan.

Every woman in Wales is offered a fetal anomaly scan when they are between 18 and 20 weeks pregnant. The aim of this scan is to:

- check your baby's physical development;
- help detect structural abnormalities, for example spina bifida and heart defects;
- check the amount of water around the baby in the womb; and
- look at the position of the placenta.

This finding from your scan does not necessarily mean that your baby has a problem with any of their organs.

Echogenic bowel

Echogenic bowel is found in approximately 4 in every 1000 (0.4%) anomaly scans performed in Wales.

What is echogenic bowel?

Echogenic bowel (sometimes known as echogenic gut) is where a part of the baby's bowel looks brighter (whiter) than the baby's bones on an ultrasound scan.

It is thought that echogenic bowel is most commonly caused by the baby having some bloodstained fluid in its bowel, probably because the baby has swallowed it. The baby normally swallows amniotic fluid and if there is blood in the amniotic fluid, this will appear brighter than clear amniotic fluid on the scan.

Information for Women

In Wales, when echogenic bowel has been seen as the only finding on the 18 to 20 week scan, about 7 in every 10 (70%) are born with no other problems.

The following are some of the problems that have been found in babies with echogenic bowel.

- Babies born smaller than would be expected (about 9 in every 100 babies (9%))
- Babies born too early (about 12 in every 100 babies (12%))
- A higher than expected incidence of stillbirth (about 3 in every 100 babies (3%))
- Babies being affected with cystic fibrosis (2 in 100 (2%))
- Babies being affected with cytomegalovirus (2 in 100 (2%))

Cystic fibrosis

Cystic fibrosis (CF) is caused by a change to a gene that a baby inherits from both of their parents. Babies with CF have problems digesting food and may have trouble gaining weight. They are also more likely to have frequent chest infections.

Cytomegalovirus

Cytomegalovirus (CMV) is a common virus and belongs to the herpes family of viruses. It is often carried in the air in tiny droplets when someone coughs or sneezes. It can also be transmitted during sex and blood transfusions.

CMV infection in pregnancy may cause problems for the baby such as jaundice, hearing loss, sight loss, epilepsy, dyspraxia (lack of physical co-ordination) and learning difficulties.

What will happen next?

The hospital midwife and doctor will explain more about the conditions and about the tests you can have and how they are done. Some women decide not to have these tests. The midwife and doctor will support whatever choice you make. You may have questions to ask the midwife or doctor and may want to have another appointment. You may want your

partner or a friend to come with you, and you may want more time to think before you decide what to do next.

You may want to think about what you might do if the test result shows your baby has one of the conditions. Some women will want to prepare themselves for the birth knowing that their baby has a problem. Other women may decide to end the pregnancy. Some women decide to continue with the pregnancy and consider having their baby adopted.

What tests will I be offered?

- **Blood test for cystic fibrosis (CF)**

You and the father of the baby will be offered a blood test to see if you are carriers of CF. Usually both parents must be carriers of CF for a baby to have the condition. There are different types of CF.

If both of you are found to be carriers of CF, your baby will have a one in 4 chance of being affected. If this happens you will be offered an amniocentesis to test the amniotic fluid (the fluid around the baby in the womb) to see if your baby is affected.

You may want to wait until your baby is born to find out if they have CF. The screening is offered as part of newborn bloodspot testing which is carried out when the baby is five days old, followed by further testing to diagnose CF if it was suspected on the initial screening test.

- **Blood test for cytomegalovirus (CMV)**

You will be offered a blood test to see if you have had a recent CMV infection. If the blood test shows you have had a recent CMV infection, there is a chance the virus may pass across the afterbirth and infect the baby. This is known as congenital CMV.

If your blood test shows that you have had a recent infection, you will be offered an amniocentesis to test the amniotic fluid to see if your baby is infected by the CMV.

If the blood test for CMV is positive, you will be offered an amniocentesis.

You can get more information about amniocentesis from the Antenatal Screening Wales booklet 'Information for women offered further tests for suspected chromosomal conditions.'

- **Ultrasound scans**

You will usually be offered a scan at 24, 28, 32 and 36 weeks to check the growth of your baby.

Further information

You can get more information from the hospital midwife who specialises in antenatal screening or the hospital doctor (obstetrician).

Antenatal Results and Choices (ARC)
www.arc-uk.org/
Tel: 08450772290 or 0207713 7486

The Cystic Fibrosis Trust
www.cysticfibrosis.org.uk
Tel: 02037951555

CMV Action
cmv action.org
Tel: 08088020030

Information from CARIS (Congenital Anomaly Register and Information System) and The Welsh Study of Mothers and Babies has been used in this leaflet to describe how echogenic bowel may affect your baby.

Information for Women

www.antenatalscreening.wales.nhs.uk
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