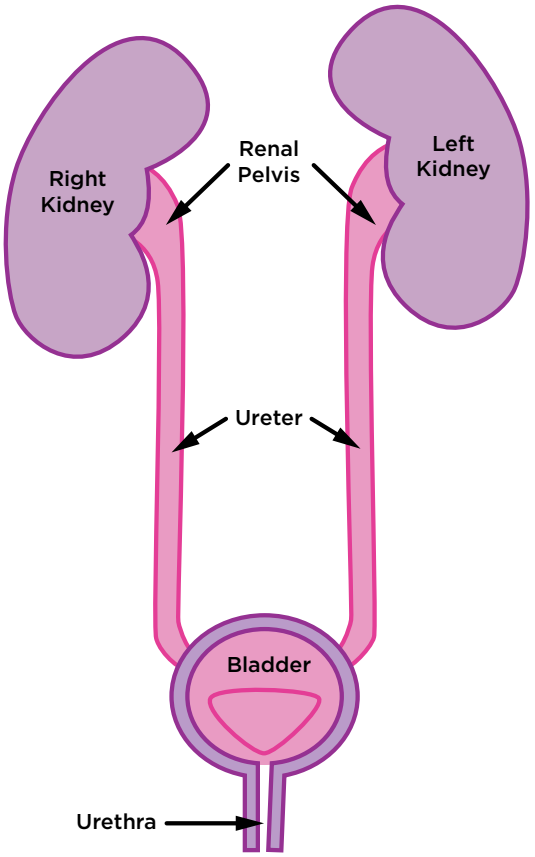
Fetal Urinary Tract Dilation

What Is Fetal Urinary Tract Dilation?

Fetal urinary tract dilation occurs when the tubes that carry urine from the kidneys to the bladder become wider than they should be. These tubes are the “renal pelvis” and the “ureter” tubes. Imagine a water hose that’s a bit bigger than usual. This happens in about 1 out of every 50 pregnancies. The good news is that it often resolves on its own.

Other terms sometimes used for urinary tract dilation are UTD, pyelectasis, pelviectasis and hydronephrosis.



What Causes Fetal Urinary Tract Dilation?

The exact cause isn’t always clear. Some common causes include:

- Baby making more urine than usual
- Urine that refluxes up from the bladder rather than going out through the urethra
- Narrowing of the ureter or urethra

What Are the Signs and Symptoms?

There are no noticeable signs or symptoms of fetal UTD during pregnancy. It is usually detected during routine ultrasound examination.

What Can Parents Do?

During pregnancy, a follow-up ultrasound about two months before the due date is usually recommended. In about three out of every four babies with mild UTD, the findings will be normal at the follow-up exam, and no further follow-up is needed.

If dilation is still found at the follow-up exam, another ultrasound after the baby is born will be recommended. It is important that you tell the baby’s doctor about the UTD finding so that the ultrasound can be ordered.

Keep your scheduled appointments for prenatal visits, lab tests and ultrasound exams.

How Is UTD Treated?

In most cases, fetal UTD resolves on its own without special treatment, either before the baby is born or during the first year or two after birth. In a few cases, the baby’s doctor will recommend an antibiotic to prevent kidney infection. In a few cases with moderate or severe dilation, the doctor will recommend placing a stent (plastic tube) in the ureter tube to help it drain better. In rare cases, other procedures may be recommended.

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Will My Baby Be Okay?

Most babies with UTD have normal kidney function and normal lives. Severe cases may result in some degree of kidney damage, but this is very uncommon. Most often, UTD is an isolated finding and is not associated with any other abnormalities or problems with child development. In a few cases, the ultrasound or genetic tests may reveal other problems, which your doctor will discuss with you.

Additional Resources:

Cambridge University Hospitals

cuh.nhs.uk/patient-information/renal-pelvic-dilatation

Midwest Fetal Care Center

childrensmn.org/services/care-specialties-departments/fetal-medicine/conditions-and-services/urinary-tract-dilation

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