

# Suspected DH on US scan

Inform mother of likely diagnosis  
Assess for associated anomalies  
Offer referral to Leeds FMU <3 working days

Re-scan by local Obs US specialist < 3 working days if expertise available

## Leeds FMU

- offer invasive testing for qf-PCR & array-CGH (if not already performed)
- determine liver and stomach position (+/- LHR)
- offer multidisciplinary counselling
- Referral for fetal echo unless unlikely to change pregnancy care

Decision not to continue pregnancy

## Leeds FMU (2-4 weeks later) Multidisciplinary counselling

- Detailed assessment (+/-LHR) - paediatric thoracic surgery
- Fetal echocardiography - neonatology
- Consider fetal MRI
- Consider referral for invasive therapy (<http://www.totaltrial.eu>)

Review in TOTAL/FETO centre

Recommend autopsy +/- DNA storage unless chromosomal diagnosis known

Local antenatal care +/- growth and liquor scans eg 4-weekly

## Leeds FMU

- 34-36 weeks scan in FMU
- Final planning of birth at LGI (typically >39/40, anticipate vaginal delivery unless other indications for CS)
- Ensure all relevant counselling & specialities aware