

Suspected Cardiac Anomaly

Inform mother of possible diagnosis
Review first trimester screening result (if performed)
Refer to Leeds FMU and Leeds Fetal Echo <3 working days

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Leeds FMU & Fetal Echo within 3 days of initial diagnosis

- Full anatomical review
- Offer invasive testing for qf-PCR & array-CGH – according to risk associated with specific cardiac anomaly
- Offer recruitment to research studies – RAPID, PAGE, Cardiac MERIDIAN (if isolated anomaly)
- Multidisciplinary input from Perinatal Cardiology, Genetics, Neonatology & Fetal Medicine

TOP – advise full PM incl genetics as appropriate

Continuing pregnancy

Need for urgent cardiac assessment and/or surgery in the newborn period

Poor outcome expected

See in Congenital echo at 28 weeks - if appropriate

No need for neonatal surgery or urgent cardiac assessment

Antenatal care in local unit
See in Leeds FMU at 34-36 weeks to plan delivery

Birth in local unit
Neonatal review to plan postnatal care
Postnatal outpatient follow up for baby

Offer hospice team input and support from Bereavement team
Local birth may be preferred
Neonatal review to plan postnatal care

Birth in Leeds General Infirmary, usually around term
Multidisciplinary team input
Ensure all relevant specialties aware