NHS
The Leeds Teaching Hospitals
NHS Trust

Echogenic Bowel

Information for patients

Leeds
Maternity Care

This leaflet is aimed at pregnant women with echogenic bowel in their baby. The leaflet should only be used to supplement a consultation with an experienced obstetrician.

What is echogenic bowel?

An ultrasound scan of your baby has shown that your baby has echogenic bowel. 'Echogenic bowel' is the term used to describe the appearance of the baby's bowel. It means that it appears brighter than usual or brighter than bone. Echogenic bowel is seen in less than 1 in 100 pregnancies and in the vast majority of cases the baby will be normal.

How is in diagnosed?

Most babies with echogenic bowel can be diagnosed before birth using an ultrasound scan. It is normally diagnosed on the anatomy scan however it may not present until later in pregnancy.

Why does it occur?

We often do not find a reason why a baby has a bowel that is brighter than normal.

- Most babies (80 in 100) are normal.
- Bleeding. One of the known reasons for echogenic bowel is an early bleed in the pregnancy (which you may not have been aware of). Echogenic bowel may be caused by the baby swallowing some blood in the amniotic fluid. This is not harmful to the baby.

- Cystic fibrosis. Cystic fibrosis is a serious condition which affects the lungs and digestive system. It is found in around 5-6 in 100 babies with echogenic bowel.
- Infection that has crossed the placenta from the mother to the baby, for example, CMV account for less than 1 in 100 cases of echogenic bowel.
- Structural bowel problem. This may not be detected until later in pregnancy and is the cause of echogenic bowel in around 1 in 100 cases.
- Underlying chromosomal problem for example Down's Syndrome, is found in 2-3 in 100 cases of echogenic bowel.
- Placental insufficiency. Around 1 in 10 babies with echogenic bowel will have problems with growth due to a problem with the way that the placenta is working. This is usually evident at the time that the echogenic bowel is diagnosed, i.e. around 20 weeks gestation.

Further investigations:

- A detailed scan will be arranged with one of the Fetal Medicine Consultants in Leeds.
- All women whose baby has echogenic bowel are offered a test (amniocentesis or chorionic villus sampling) to examine the baby's chromosomes in detail.
- If an amniocentesis or CVS is performed, a genetic test called a microarray will be done. This test looks at the baby's genetic make-up in fine detail but it is not possible to exclude all genetic problems before birth.
- You will be offered a blood test to perform an infection screen.

- You and your partner will be offered Cystic Fibrosis testing to see if you carry the gene.
- Further USS will be carried out at 28, 32 and 36 weeks to assess baby's growth and bowel. These scan can be carried out at your local hospital

What about future pregnancies?

The risk of having further babies with echogenic bowel is very small and for the majority of mothers, we usually quote a recurrence rate of around 1 in 100.

What happens next?

You will have been referred to the Fetal Medicine Unit at Leeds. The Fetal Medicine consultant will discuss and agree the best plan for you and your family, according to your wishes.

Where can I get more information & support?

Be sure to ask questions to the doctor supplying you with this leaflet and make a note of any questions you would like to ask at your Fetal Medicine Unit appointment. Your local hospital will also have a specialist midwife who you will be able to contact for further discussion. Other useful sources of information:

Antenatal Results and Choices

- **www.arc-uk.org**

What did you think of your care? Visit bit.ly/nhsleedsfft
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