

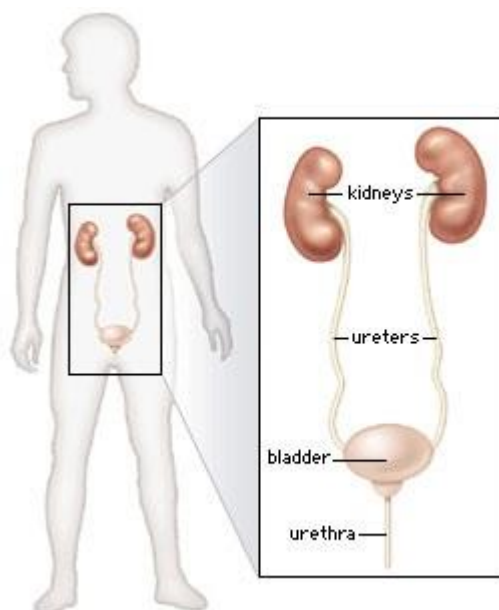
Information for Patients

Kidney Scan for Babies

All babies whose antenatal ultrasound scan (done when you were pregnant with your baby) showed any kidney abnormality are invited to have a repeat ultrasound scan following the birth. This leaflet explains what happens after discharge in terms of follow up scans and appointments.

What are the kidneys and what is their function?

The urinary system consists of two kidneys, 2 ureters and a bladder (See picture). Kidneys filter blood to remove waste products and make urine that collects in the renal pelvis (junction of the kidney with its tube) and flows down through the ureters to the bladder.



All pregnant women have a scan at around 20 weeks to look at the baby's internal organs including the kidneys. If any abnormalities are detected, babies need further investigations and follow up after birth.

Hydronephrosis (ANH) is a condition that can occur in the womb, where a baby's kidneys fill up with urine and become larger.

1 in every 300 babies can have this problem in one or both kidneys. In over 50% of these, a kidney scan after birth will be normal. The ANH may not persist after birth, and will then not need any investigations or treatment.

What are the causes of ANH?

An abnormal kidney detected in a pregnancy ultrasound scan may be due to several reasons. Two common reasons are:

- **Obstruction:** A partial blockage to the flow of urine at the junction of the tube with its kidney (top end) or the bladder.
- **Vesico-ureteric reflux (VUR):** When the junction between the ureters and the bladder is less effective, urine can go back into the kidney (the wrong way) when baby passes urine.

What will happen after my baby's birth?

Your baby will have a careful assessment by a doctor/midwife within the first 24 hours of birth – this may include a blood test to check kidney function if necessary. Please inform your doctor/ midwife if there is a history of kidney diseases in the family (ie. you as parents, or any siblings).

Before discharge, your baby will be prescribed an antibiotic to prevent urine infection (Trimethoprim). They should be given this once a day as babies with abnormalities of the kidneys are more prone to urine infections. Infections can potentially lead to scarring of the developing kidneys.

The dose of the medicine will need to be increased as your baby puts on weight. It is very important that you continue the antibiotic and get repeat prescriptions from your GP until you are told to stop it. This will be after investigations and clinic consultation.

How will I know if my baby has a urinary tract infection?

If your baby is unwell in any way with poor feeding, vomiting, unexplained temperature or smelly urine, you should contact your doctor to arrange for a specimen of urine to be tested.

The sample needs to be collected in a sterile container, ideally as a 'clean catch'. This involves catching a sample by holding the sterile container in the urine stream.

What will happen after I go home?

You will receive an appointment for your baby's ultrasound scan in the post. Sometimes the scan will be done before discharge, though in the majority of babies this will take place between 1–6 weeks of age. After you go home, your baby will be referred to a children's

specialist who will arrange to see you within three months to discuss the results and further management of the condition if necessary.

Babies with persistent hydronephrosis often only require monitoring in the form of serial ultrasound scans. They may also need to continue preventative antibiotic treatment up to two years of age.

Some children require further investigations including a bladder X-ray and other kidney scans. A few children may need surgical review and intervention. This will be discussed at your out-patient appointment.

Contact information

If you have any queries about investigations or out-patient clinic appointments, please contact the neonatal secretary on **(0161) 276 6960** (Monday to Friday, 9.30 am–3.00 pm), who will then direct your queries to the appropriate team.

Further reading

1. NHS choices

www.nhs.uk/conditions/hydronephrosis/Pages/Introduction.aspx

2. National Kidney Foundation

www.kidney.org.uk/help/kids/