Diagnoses of possible fetal cardiac anomaly on outside ultrasound → Referral to The Fetal Center → Presentation of patient’s case at The Fetal Center weekly multidisciplinary conference for management and delivery recommendations → Diagnoses of possible fetal cardiac anomaly on outside ultrasound

Repeat ultrasound every 3 weeks for fetal growth → Follow up fetal ECHOs scheduled per recommendation of pediatric cardiology → Outside OB requests transfer of OB care? → NO → Delivery recommendations sent to outside OB

YES → Transfer for OB care appointment to UT OB-GYN service → Labor and delivery tour → Evidence of noted growth restriction or at risk for fetal hydrops? → NO

YES → Begin weekly BPPs @ 32 weeks’ gestation (lesion specific) → Follow up fetal ECHOs scheduled per recommendation of pediatric cardiology → Neonatology Consult & NICU tour → Presentation of patient’s case at 30 weeks’ gestation to finalize delivery plan → Consider delivery at 39 weeks’ gestation → Delivery and transfer of neonate to the NICU for further management

The Fetal Center
Cardiac Anomaly Prenatal Care Algorithm

Initial Consult at The Fetal Center:
• Ultrasound
• Genetic Counseling (counsel patient on amniocentesis for CMA and karyotype)
• Fetal ECHO
• Pediatric Cardiology Surgery Consultation
• Cardiovascular Surgery consultation (lesion specific)

This algorithm was developed to promote consistency in the general care of patients. This algorithm is flexible and is not intended to set out a standard of care. Professional judgment must always be exercised in order to meet the specific requirements of individual patients. This algorithm does not preclude the use of professional judgment in a specific situation. This algorithm is the intellectual property of Memorial Hermann Health System and cannot be reproduced in whole or in part without expressed written permission.

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