**The Fetal Center**

**SVT**

- **Referral to TFC for suspected supraventricular tachycardia**
  - **> 35 weeks**
    - Hydrops / high risk for CHF
    - No Hydrops / low risk for CHF
    - Monitor closely ± treatment
    - **Start maternal steroids x 24-48 hr**
    - Flecainide 100mg po TID x 48 hours
    - No conversion in 48 hrs
    - Neonatology consult / Deliver

- **< 35 weeks**
  - Tachycardia confirmed
    - A rate > V rate $\rightarrow$ AF/Flutter
    - +/- Hydrops
    - Sotalol 80 mg po q 12h
    - *Daily ECG (for QTc interval; > 470 msec abnormal)
    - Increase Sotalol to 120 mg po q12h
    - Increase Sotalol to 160 mg po q12h (max dose 160 mg q8h)
    - Add Digoxin IV
      - 24 hr load q8h (500mcg/250mcg/250mcg)
      - * Daily ECG
      - Daily PO Digoxin level 250 mcg BID (adjust dose to upper therapeutic level; 0.7-2.0 ng/ml)
    - No conversion in 48 hrs
    - No conversion in 24 hrs
    - Multi-D discussion to determine next step if evidence for hydrops
    - Discontinue Sotalol AND Digoxin

- **A rate = V rate $\rightarrow$ supraventricular tachycardia**
  - +/- Hydrops
  - Maternal ECG with resting Brugada pattern
  - **No conversion in 48 hrs**
    - **No conversion in 48 hrs with evidence for fetal hydrops - consider multi-D discussion to determine next step**
    - **No conversion in 48 hrs**
    - **Discontinue Flecainide**
    - **No conversion in 7 days or earlier if signs of hydrops**

- **MATERNAL ECG, electrolytes**
  - If hydrops +; LFTs, TFTs creatinine, plt, prot/creat ratio

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*ECG needs to be reviewed prior to initiating or changing medication regimen*

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This flow chart was developed as a flexible educational tool to promote consistency in the general care of patients. It is not intended to substitute for or be used as professional medical advice for any individual and is not intended to set out a standard of care for any specific disease or condition. The treatment of patients requires the exercise of professional medical judgment in order to meet individual requirements. If you have questions regarding your or anyone else’s health, medical care, or the diagnosis or treatment of a specific disease or condition, please consult with your personal healthcare provider.

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