

Echogenic Bowel (isolated) Guideline

Guideline information

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Clinical

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N/A

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N/A

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Maternity Guideline, Audit and Research Group

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29/08/2027

Summary of document:

To appropriately manage the care of the woman following the discovery of Echogenic Bowel (isolated) in the fetus.

Scope:

Healthcare professionals involved in the care of women identified with fetal echogenic bowel with the absence of any other identified structural abnormality (isolated).

The guidance uses the term “woman” (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or nonbinary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth.

To be read in conjunction with:

Information for women whose fetal anomaly scan has shown that their baby has isolated echogenic bowel.

<http://www.antenatalscreening.wales.nhs.uk/sitesplus/documents/968/Info%20for%20women%20Echo%20Bowel%20English%20April%202020.pdf> – opens in new tab

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Maternity Guideline, Audit and Research Group
29/08/2024

Executive Director job title:

Sharon Daniel - Interim Executive Director of Nursing, Quality and Patient Experience.

Reviews and updates:

- 1.0 – New Guideline
- 2.0 – Updated

Keywords

Echogenic bowel

Glossary of terms

ASW	Antenatal screening Wales
AFI	Amniotic fluid Index
CLC	Consultant Led Care
CF	Cystic Fibrosis
CMV	Cytomegalovirus
FMU	Fetal Medicine Unit
IUGR	Intrauterine Growth Restricted
TAS	Transabdominal scan

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Scope

This guideline applied to health care professionals in all locations in Hwel dda Health Board who may provide care for those women where fetal echogenic bowel is identified on ultrasound scan in absence of any other structural abnormality (isolated).

The guidance uses the term “woman” (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or nonbinary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth.

Aim

The aim of this document is to:

- outline care and referral pathways for health care professionals to provide care for those women identified with fetal echogenic bowel with the absence of any other identified structural anomalies (isolated).

Objectives

The aim of this document will be achieved by the following objectives:

- For healthcare professionals to appropriately manage the care of women identified with fetal echogenic bowel with the absence of any other identified structural abnormality (isolated) following accurate diagnosis from ultrasound imaging undertaken in accordance with the All Wales Screening Policy (<http://www.antenatalscreening.wales.nhs.uk/sitesplus/documents/989/Ultrasound%20observations.pdf>).

Introduction

This guideline is for women where only echogenic bowel is identified on scan in the absence of any other identified structural abnormality (isolated).

Those women identified and confirmed by Fetal Medicine as having fetal echogenic bowel (isolated) should have appropriate Consultant led care throughout their pregnancy and for delivery with an antenatal referral to the paediatricians to ensure that care of the neonate will be appropriately managed with paediatric input following birth. (See [Flow chart](#))

Definition

Echogenic bowel is where a part of the fetal bowel appears ‘brighter than bone’ on ultrasound scan. It is thought to be identified in approximately 0.4% (4 in 1000) of anomaly scans performed in Wales (Antenatal Screening Wales, 2018).

Risk factors for echogenic bowel (isolated)

Echogenic bowel is found in approximately 4 in every 1000 (0.4%) anomaly scans performed in Wales.

The exact cause is unknown however, it is thought that the most common cause is bloodstained fluid in the fetal bowel; the fetus normally swallows amniotic fluid and if it contains blood this will appear brighter on ultrasound (ASW, 2018).

Echogenic bowel has also been linked with cystic fibrosis, viral infections and chromosomal abnormalities.

Associated conditions

Approximately 70% of babies who have been identified as having isolated echogenic bowel at the anomaly ultrasound scan are born without any problems however, the following problems have been identified in some cases of babies with echogenic bowel.

IUGR 9%

Prematurity 12%

Increased chance of stillbirth 3%

Cystic Fibrosis 2%

Cytomegalovirus (CMV) 2%

Investigations

Both maternal and paternal testing for cystic fibrosis (CF) should be offered as this can be indicated in instances of echogenic bowel. CF testing is done via the genetics laboratory in Cardiff and a genetics referral for testing should be completed by the antenatal clinic midwife/obstetrician when echogenic bowel is identified. Should both parents test positive for CF then an urgent referral to medical genetics and consultant appointment is required.

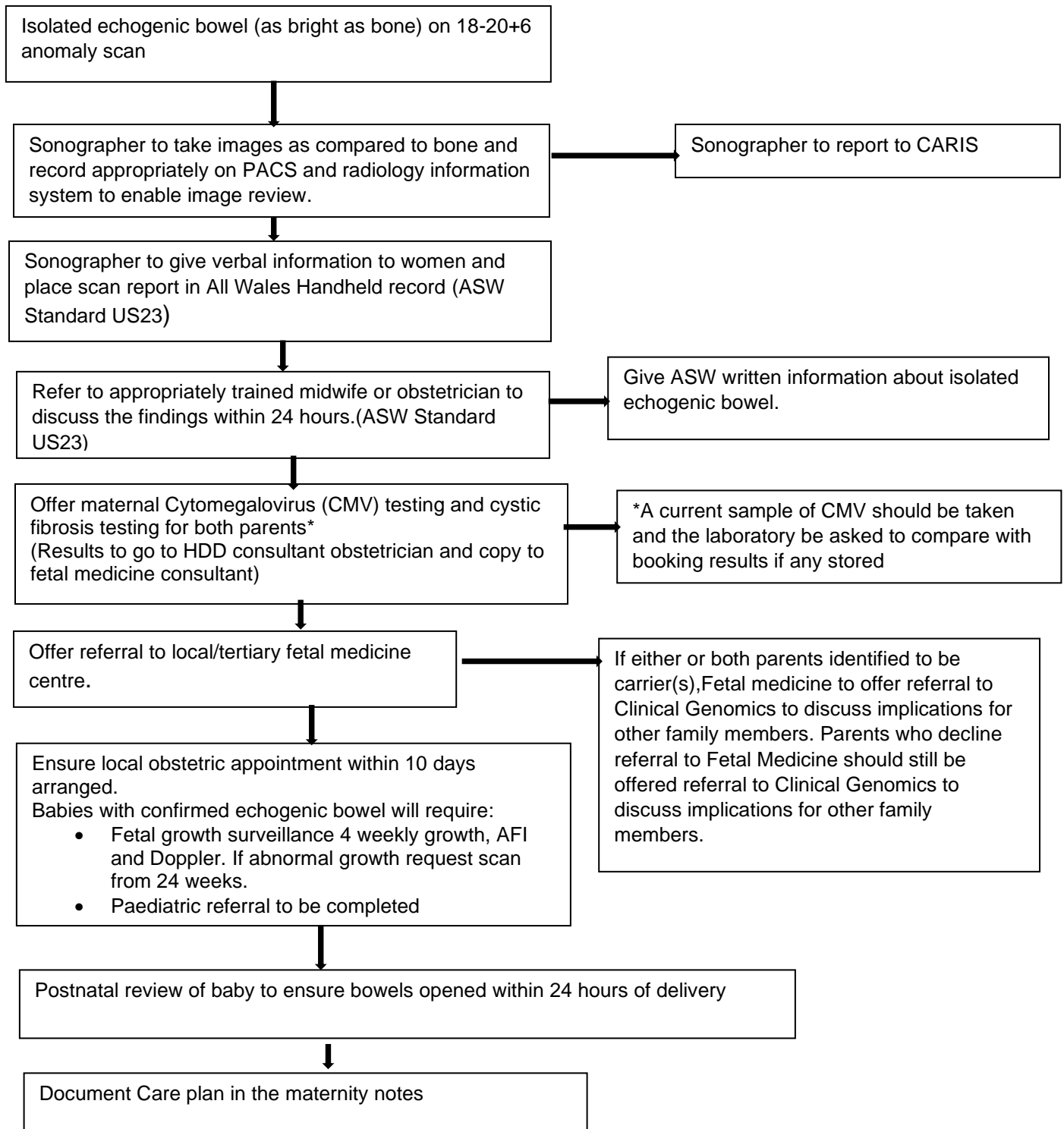
Maternal testing for cytomegalovirus (CMV) testing is also advised, this is to rule out maternal infection which can be transmitted to the fetus resulting in congenital cytomegalovirus. If positive for CMV then a referral to fetal medicine is required.

Amniocentesis should however be considered if any of the preliminary tests are positive. It is useful to note that chromosomal abnormalities can be linked to echogenic bowel however there is not enough evidence to routinely karyotype for echogenic bowel.

Patient information link

[Information if fetal anomaly scan has shown baby has echogenic bowel V6 March 2024.pdf](#) – opens in new tab

Flow Chart for Isolated Echogenic Bowel



Auditable Standards

1. Evidence of two separate ultrasound images from the anomaly scan stored on system showing both the fetal bowel and bone to compare echogenicity.
2. Evidence of appropriate referral to an obstetric consultant within the given timeframe.
3. Evidence of screening/ the offer of screening to parents for cytomegalovirus and cystic fibrosis.
4. Evidence of serial growth scans from 24 weeks gestation.
5. Evidence of appropriate referral to UHW fetal medicine unit if required.

References

Public Health Wales, 2018. Ultrasound Observations Pathways: isolated echogenic bowel, isolated renal pelvis dilatation and isolated ventriculomegaly available at

<https://phw.nhs.wales/services-and-teams/screening/antenatal-screening-wales/information>[https://phw.nhs.wales/services-and-teams/screening/antenatal-screening-wales/information-for-professionals/ultrasound/ultrasound-observations/for-professionals/ultrasound/ultrasound-observations/](https://phw.nhs.wales/services-and-teams/screening/antenatal-screening-wales/information-for-professionals/ultrasound/ultrasound-observations/)