

Urinary Tract Dilation (UTD)

You have learned from your ultrasound examination that your baby has urinary tract dilation. This fact sheet is designed to provide you with information about this ultrasound finding and answer the most commonly asked questions.

What is UTD?

Urinary tract dilation (UTD), formerly known as hydronephrosis, is one of the most commonly diagnosed fetal findings occurring in approximately 1-2% of all pregnancies. It is more common in males, but is also seen in females. UTD can be caused by a partial blockage occurring somewhere in the urinary tract; kidneys, ureter or bladder, or it can be caused by reflux (flow of urine in the opposite direction).

The cause of UTD is not always known, but in many cases, other family members have also had UTD or kidney problems.

How is UTD diagnosed?

UTD can be diagnosed by ultrasound in the second or third trimester of pregnancy. Some babies may not be diagnosed until after delivery.

UTD is divided into two categories, UTD A1 and UTD A2-3:

- **UTD A1** is a mild form of urinary tract dilation and often resolves before delivery. An additional ultrasound will be performed around 32 weeks into your pregnancy to see if the UTD has resolved, remained stable or worsened. If the ultrasound shows that there are no longer any signs of UTD, no additional follow-up is necessary. If UTD A1 is still present but is stable, it is recommended that your baby have a urinary tract ultrasound around four weeks after delivery, as planned by your pediatrician.
- **UTD A2-3** is considered moderate to severe urinary tract dilation. It is recommended that ultrasounds be performed every four to six weeks to monitor the development of the urinary tract. These ultrasounds help the medical team monitor the baby's growth, kidneys and amniotic fluid levels. You will be offered a consultation with a pediatric nephrologist (kidney specialist) and/or pediatric urologist (urinary tract specialist) who will discuss evaluation and treatment after your delivery.

Is UTD related to any other problems?

UTD is usually an isolated finding, but rarely may it be associated with Trisomy 21, Down syndrome. If you have already had blood screening for chromosome conditions, and your result was negative (low risk), your chance to have a baby with Down syndrome is very low. If you did not have blood screening previously, you may elect to have it at any time.

Please remember that UTD is common and treatable. If you would like to discuss this further, a counselor is available at 781-624-5041.

Thank you for choosing Maternal Fetal Medicine at South Shore Hospital.