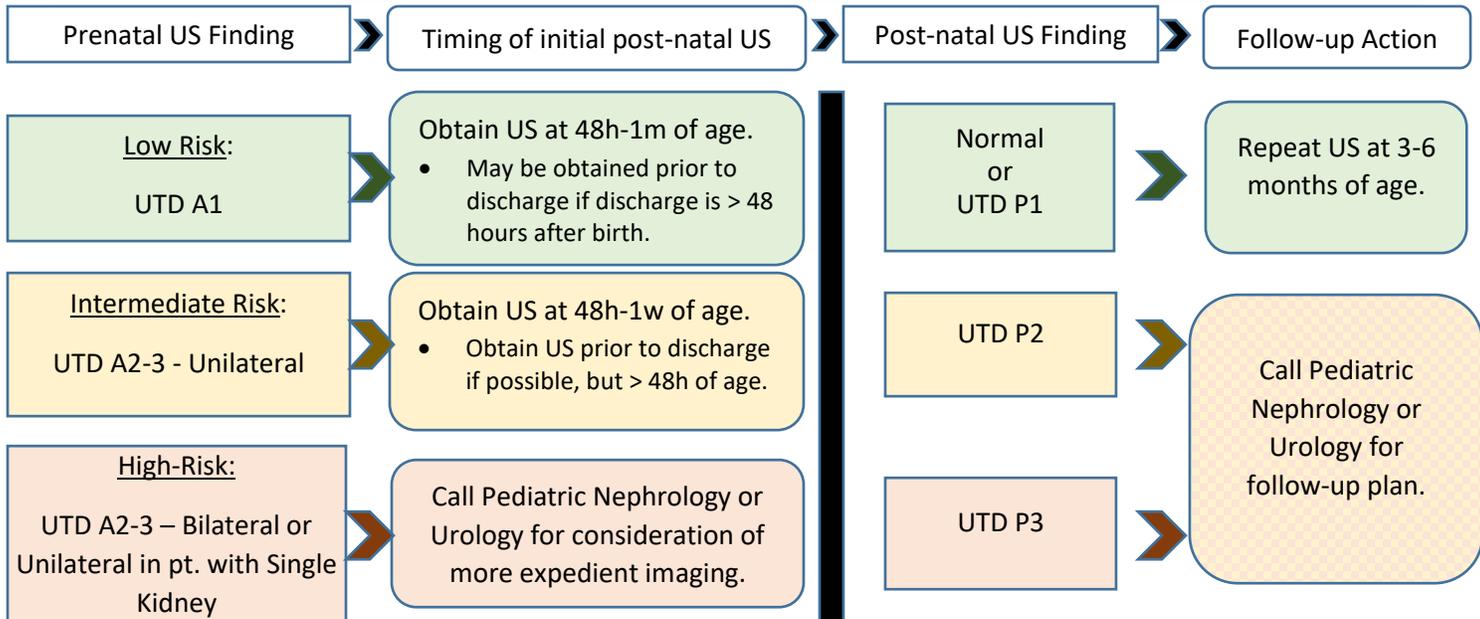
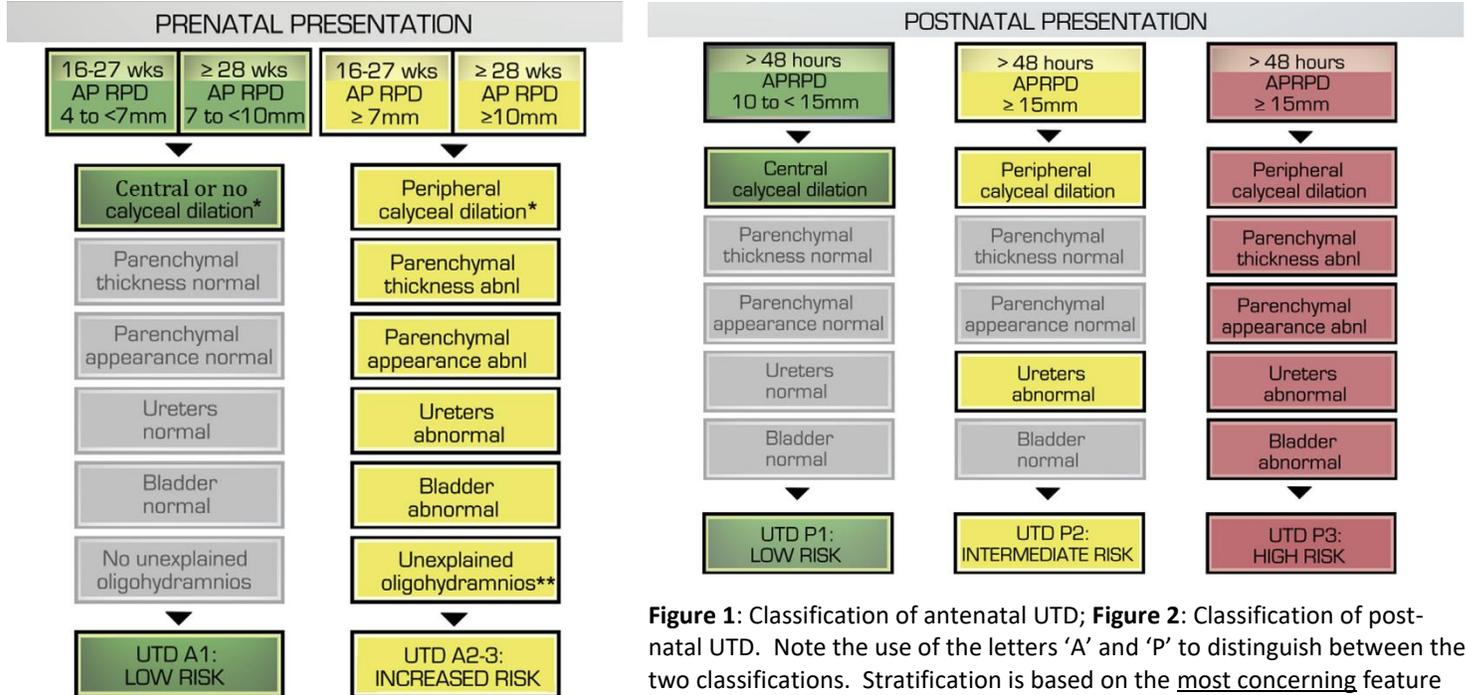


# Post-natal Management of Prenatally-diagnosed Urinary Tract Dilation



## Background Information

Urinary tract dilation (UTD) is present on prenatal ultrasonography in 1-2% of pregnancies. In 2014 a multidisciplinary group, including representatives from the Societies for Fetal Urology, Pediatric Urology, Pediatric Radiology, and Pediatric Nephrology (SFU, SPU, SPR, ASPN) released guidelines for classification and management of prenatally-diagnosed UTD (Journal of Pediatric Urology (2014) 10, 982-999). These guidelines established UTD as the preferred terminology, over more commonly used terms, such as hydronephrosis, pelviectasis, caliectasis, etc., which lack uniformity in definition between individual providers and subspecialties. Classification systems were created for UTD on both prenatal imaging (Figure 1) and post-natal imaging (Figure 2). APRPD=Antero-posterior renal pelvic diameter.



\*Central and peripheral calyceal dilation may be difficult to evaluate early in gestation  
\*\*Oligohydramnios is suspected to result from a GU cause

**Figure 1:** Classification of antenatal UTD; **Figure 2:** Classification of post-natal UTD. Note the use of the letters 'A' and 'P' to distinguish between the two classifications. Stratification is based on the most concerning feature on the most recent ultrasound. For example, for a 29 week fetus with an APRPD of 8mm and abnormal ureters, the classification would be UTD A2-3.  
**Reference/Source:** Journal of Pediatric Urology (2014) 10, 982-999.

For questions regarding this guideline, please contact the Medical Director of the Newborn Nursery. Algorithms are not intended to replace providers' clinical judgment or to establish a single protocol. Some clinical problems may not be adequately addressed in this guideline. As always, clinicians are urged to document management strategies. Revised: October, 2019.