

After your baby is born further management

1. Your baby may be started on a small dose of antibiotics to prevent urinary tract infection.
2. Your baby may need further scans, the timing of which will depend on the measurement at the final antenatal scan.
3. Your baby may need to have a blood test performed to check the kidney function.
4. If a repeat ultrasound is recommended this will be arranged and you will also be informed if any further follow up is required.
5. If the scans show continuing or increasing dilatation, your baby may need further scans or treatment and an appointment may be made to see the paediatric urologist.

Contact us

If you have any questions or concerns about the scan or diagnoses of RPD, please contact the Screening Midwives on:
Frimley Park 0300 6136989
Wexham Park 0300 61433301

For a translation of this leaflet or for accessing this information in another format:

Large Print



Please contact (PALS) the Patient Advice and Liaison Service on:

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Wexham Park & Heatherwood Hospitals

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Legal Notice

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your doctor.

Information for women after ultrasound detection of fetal Renal Pelvis Dilatation (RPD)

Information for patients,
relatives and carers

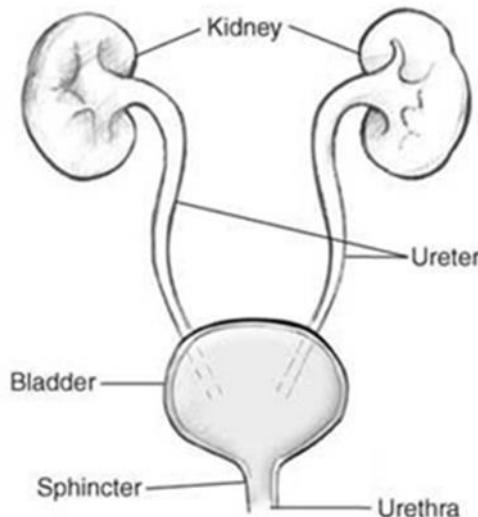
The aim of this leaflet is to explain what RPD is and answer any questions you may have, following your 20 week ultrasound scan.

What is renal pelvis dilatation?

The kidneys are part of the urinary system (see diagram). These are usually found on both the right and left sides of the body.

The kidney has two areas: the first produces urine and the second transfers urine from the kidneys to the bladder – this is called the renal pelvis. Urine flows from the renal pelvis down the tube called the ureter into the urinary bladder.

The urinary system



How is it diagnosed?

During the 20wk ultrasound scan a measurement from 'front to back' of the renal pelvis is taken.

The normal measurement of the renal pelvis is 0-7mm before 24 weeks and less than 10mm after 28 weeks. If the measurement is more than this, it is called renal pelvic dilatation (RPD). One or both of the kidneys can be affected and the measurement varies during pregnancy.

Why does it happen?

RPD is often the result of immaturity of the kidney, which becomes normal later on in the pregnancy or a transient finding whilst the baby's bladder is full. In most cases there is no underlying problem.

In a few cases, it could be due to the backward flow of urine from the bladder into the ureters or in very rare cases there is a blockage to stop the flow of urine.

What will happen next?

1. If the measurement is less than 10mm, you will have a follow-up scan arranged at approx. 32 weeks of pregnancy. The renal pelvic dilatation may have gone away by the time of this examination.
2. If the measurement is more than 10 mm you will be advised to have a repeat ultrasound scan with a fetal medicine

doctor and a post-natal follow up will be arranged.

3. The fetal medicine doctor will update the paediatricians so they are informed before your baby is born.

If the problem continues, what will happen?

During pregnancy:

There is no need for any treatment before the baby is born. RPD should not affect the development of your baby.

After the birth:

The midwives will inform the neonatal team of the renal pelvis dilatation seen on ultrasound. Your baby will have a routine newborn physical examination (NIPE) performed and the antenatal ultrasound scan results will be reviewed. Further postnatal investigation and management will then be arranged.