Prenatal Hydronephrosis

Second Trimester

Third trimester follow-up needed if
ap-diameter ≥4mm

consult pediatric urology if
- Oligohydramnios
- Bilateral changes in both kidneys/ureters and bladder abnormalities

Third Trimester

postnatal follow-up needed if at least one of the criteria:
ap-diameter ≥7mm
Caliceal dilatation (SFU Grad III or above)
Ureter dilatation
Bladder abnormality

consult pediatric urology if not already done in the second trimester if:
- Oligohydramnios
- changes in both kidneys/ureters and bladder

Birth

Start antibiotic prophylaxis if ureter dilatation was present prenatally (visible ureter in the fetus)*

Postnatal

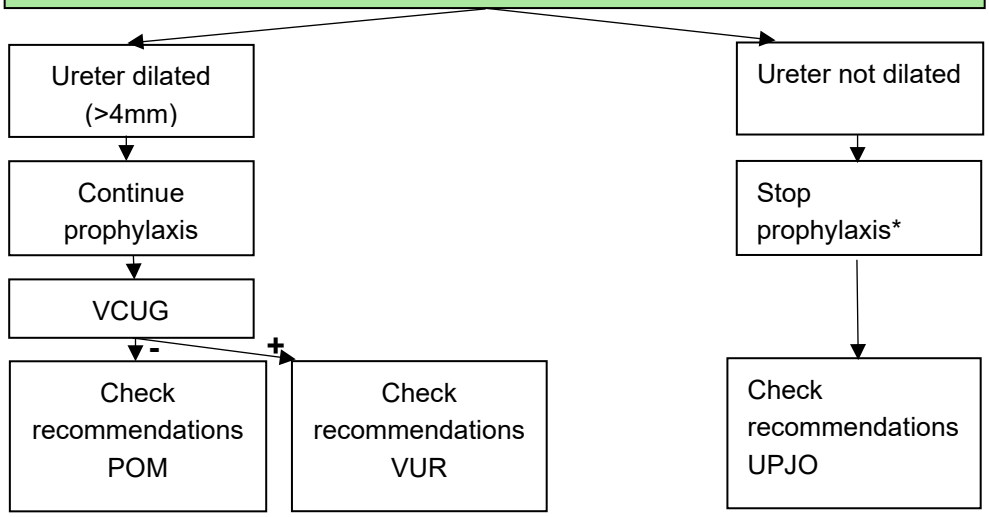
Evaluation within 48hrs

in boys with suspected infravesical obstruction Obtain US and VCUG within within 48hrs: bilateral hydronephrosis (RDS ≥7mm or SFU Grad ≥III) in combination with ureteral dilatation or bladder abnormalities. Discuss immediate drainage. Check creatinine/cystatin C.

→ Individual treatment/follow-up based on findings

US 5-9d

Obtain US 5-9 days after birth if:
Prenatal hydronephrosis (RDS ≥7mm or SFU Grad ≥III) or ureteral dilatation



*Patients with isolated high grade hydronephrosis may benefit from continuous antibiotic prophylaxis (weak recommendation)