Co-Management Guidelines for Congenital Hydronephrosis

**Inclusion Criteria:**
Obtain prenatal records for anteroposterior diameter on fetal ultrasound equal or greater than 4 mm on the second trimester or 7 mm on third trimester

- Suspected posterior urethral valves?
- Oligohydramnios?
- Bilateral hydronephrosis (≥ 7 mm 2nd trimester, ≥ 9 mm 3rd trimester)

**Yes** (to any)

**No**

Ultrasound at 24 to 48 hours of life

- Abnormal
  - Referral to Pediatric Nephrology by HDVCH direct line or inpatient consultation
  - Amoxicillin 20 mg/kg/day
  - VCUG
  - CMP
  - CBC
  - UA (bag is OK)*
  - Referral to Pediatric Nephrology by HDVCH direct line or inpatient consultation

Ultrasound at 3 to 7 days or before hospital discharge

- Abnormal
  - Higher grade hydronephrosis, hydroureter, suspected duplication
  - Grade one hydronephrosis without hydroureter
  - Repeat ultrasound in 6 months, followed by sequential ultrasound alone, for resolution or progression of findings

- Normal
  - Ultrasound at 8 to 12 weeks at HDVCH
  - Normal
  - Monitor for growth parameters and urinary tract infections

**At any point a febrile UTI should prompt a referral to Pediatric Nephrology**

*Do not send culture unless suspect infection. Culture must be via catheter.*