

Results

After the test, parents are informed of the results. A written report is also sent to the referring doctor and midwife. You should discuss these results with the person who referred you since the results often need to be interpreted in the light of other tests or clinical information which might only be clear to the person looking after your pregnancy.

What if I have questions?

Ask and we will try to answer them. Sometimes it may be difficult during the study when the operator may need to concentrate on obtaining all the information necessary, but discussion of results will take place at the completion of the examination.

The Auckland DHB National Women's Health website has information:
nationalwomenshealth.adhb.govt.nz

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Pregnancy and Early Family Care

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What is a fetal echocardiogram?



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A fetal echocardiogram, is a detailed ultrasound examination of the baby's heart, performed while the baby is in the mother's womb.

Are there any risks?

Ultrasound uses sound waves to take pictures of the heart. There is no radiation exposure and no known risk with this type of test.

When is it done?

A fetal echocardiogram may be done any time, but usually around the 20th week of the pregnancy. Prior to this time, the baby's heart chambers are too small to take clear pictures

How is the test performed?

The test is done using the same equipment as other ultrasounds used in pregnancy. It is performed in a private room while the mother is lying on a bed. The lighting will be dimmed.

It is painless and takes approximately 45 minutes and may be done at the same time

as your anatomy scan. The sonographer will put some gel over the mother's lower abdomen and will move the ultrasound scan head over the abdomen to take many different pictures of the baby's heart.

It is fine for a family member to stay in the room during the test however it is preferable not to bring small children to the examination.

What information can be gained from a fetal echocardiogram?

From about 18 weeks we can potentially see the main heart chambers, heart valves and main blood vessels directly attaching to the heart, and establish information about the heart rate and rhythm. We can establish, with a high degree of certainty, the presence of most congenital abnormalities of the heart.

Limitations of the examination

Sometimes it is not possible to see all the heart structures because of maternal build or the position or size of the baby. This does not mean they are not there, but may mean for technical reasons they cannot be assessed. Sometimes this information may not be important while in some cases it

means that definite answers are not possible. The doctor will discuss this with you if necessary.

Some fetal heart defects can be very hard or not possible to detect before a baby is born. We do not mention this to concern you, but rather that you understand that there are technical limitations to such studies.

After delivery, the heart and circulation change to adapt to life outside the womb. Occasionally a heart defect is only able to be detected after these changes have occurred.

For these reasons, even if the heart ultrasound is normal your baby should still have the usual postnatal baby checks carried out by your midwife, paediatrician or obstetric caregiver.

Some conditions develop as the pregnancy progresses and may not be visible at the time of the 18 - 20 week scan. Occasionally a second heart scan in the third trimester is needed if there is a risk that this may occur.

