

## **ANTENATAL HYDRONEPHROSIS**

**Reviewed and approved, June 2012**

This protocol is a general guideline and does not represent the professional standard of care required of the health care provider.

This pathway should be modified as indicated, based on the health care provider's professional judgment, to meet the needs of individual patients.

## ANTENATAL HYDRONEPHROSIS

- Before a newborn is discharged, consider Renal/Bladder US as a practical matter.
- If initial in-hospital US is normal, discharge infant on antibiotic prophylaxis, and in the first couple of weeks of life:
  - Repeat Renal / Bladder US, and
  - Obtain VCUG
- If Renal / Bladder US are NOT done during postpartum stay, discharge infant on prophylaxis, then in the first couple of weeks of life:
  - Initial Renal/Bladder US, and
  - Obtain VCUG
  - When to refer to Urology
    - If studies are abnormal – refer to Urology, and maintain prophylaxis until Urology consult
    - If all studies are normal, may discontinue prophylaxis; no further investigation or follow-up is necessary

**UROLOGY DYAD  
ANTENATAL HYDRONEPHROSIS**

**CPMG UROLOGY DYADS**

