

# NHS Lothian Pathway for Antenatally Suspected Congenital Lung Lesions

Antenatal surgical clinic RIE

## Review in Fetal medicine surgical clinic at RIE

- Serial ultrasound scans to assess the lungs throughout gestation
- Combined **standardised antenatal counselling** by fetal medicine, paediatric surgery and neonatology
- Documentation of **Neonatal management plan** on trak (to include as a minimum, need for postnatal chest X-ray, review of X-ray prior to discharge and respiratory follow up 6-8 weeks)
- If family from another health board, all above steps to occur, including postnatal X-ray in the hospital in which they are born, and postnatal referral to the respiratory team at RHCYP



## Standardised Antenatal Counselling for Congenital Lung Lesions to include:

- Uncertainty over implications of lung lesion and range of possibilities
  - Some vanish, some remain similar-sized and others grow
  - Symptoms are unusual at birth but rarely there is respiratory distress in neonatal period
  - Occasionally respiratory symptoms develop later in childhood
  - Unknown risk of infections
  - Possibility that the diagnosis is something else entirely, e.g. diaphragmatic hernia
- Importance of serial antenatal scans to understand natural progression & to monitor for complications
  - Small minority will develop hydrops – confers poorer prognosis
- Chest X-ray after birth to assess lungs further
- Appointment within the first months of life with respiratory team at RHCYP
- Likelihood of further imaging (CT scan), but this will be discussed in more detail at the respiratory appointment
- Some children need an operation in infancy or early childhood
  - Decision to operate early is based on whether baby has symptoms or if CXR is abnormal.
  - Difficult to predict this, especially before birth
  - Decision making always shared with parents

Birth

Most babies will not have respiratory issues at birth and can be assigned to routine postnatal care.  
No need for routine attendance of neonatal team, unless other concerns



Postnatal

## Chest X-ray prior to discharge

Chest X-ray **NORMAL**

Urgent referral to Paediatric Respiratory clinic RHCYP (within 6-8 weeks)

Chest X-ray **ABNORMAL**

Discuss with Paediatric Respiratory Registrar at RHCYP (bleep 77001 9431) prior to discharge