Echogenic bowel

You have been given this factsheet because an ultrasound scan has shown your baby has an echogenic bowel.

This factsheet explains what an echogenic bowel is, the possible causes and how they can be identified. It will be used to accompany the discussions you will have with our fetal medicine team. We hope it will help to answer some of the initial questions you may have about your care and the care of your baby. If you have any further questions or concerns, please speak to a member of the fetal medicine team.

What is echogenic bowel?

A baby is said to have an echogenic bowel when their bowel appears 'brighter' than usual on an ultrasound scan. It is sometimes referred to as 'bright' bowel.

Echogenic bowel is usually identified during the 20-week anomaly scan, although it may be noticed during an earlier scan, or in a growth scan later in the pregnancy.

What are the possible causes?

Echogenic bowel is seen in less than 1% (1 in every 100) pregnancies and in over 90% of cases (90 in every 100), it is a variation of normal. It often resolves itself during pregnancy; the baby does not have any health problems, and no cause for the echogenic bowel is found.

However, there are some known causes of echogenic bowel. These include:

Bleeding during early pregnancy - sometimes bleeding occurs during early pregnancy (which you may or may not have been aware of). Echogenic bowel can be caused by the baby swallowing some of the blood in the amniotic fluid. This is not harmful to the baby.

Cystic fibrosis - echogenic bowel can be associated with cystic fibrosis (CF). This is an inherited genetic condition that affects the lungs and digestive system after birth. It is found in around 2% of babies (2 in 100) with echogenic bowel. A baby can only be affected by cystic fibrosis if both parents are carriers of the cystic fibrosis gene.

Infection - echogenic bowel can be associated with infections that have crossed the placenta. An example is cytomegalovirus (CMV). This accounts for up to 2% of cases (2 in every 100) of echogenic bowel.

Chromosomal difference - up to 3% (3 in every 100) babies with echogenic bowel also have a chromosomal difference. The most common chromosomal difference associated with echogenic bowel is Down's Syndrome (Trisomy 21) but there are other chromosomal differences associated with echogenic bowel too.

Bowel obstruction - a bowel obstruction (damage to the bowel from twisting or reduced blood supply) is identified as the cause of an echogenic bowel for 1% of babies (1 in 100). A bowel obstruction may not be detected until later in pregnancy.

Placental function - some babies with an echogenic bowel have reduced blood flow through their placenta. If the blood flow through the placenta is reduced, it will not provide the baby with enough oxygen or nutrients. This may affect the baby's growth or cause the baby to be smaller than expected.

Further investigations

You have been referred to the fetal medicine unit in Southampton because your baby has an echogenic bowel. The fetal medicine team will discuss your recent ultrasound scan with you and offer you some additional screening tests.

These may include:

- **Cystic fibrosis (CF) screening -** you and your partner will be offered a blood test to find out if either of you carry an affected gene.
- **A blood test to identify possible infections -** we will offer you a blood test to find out if you have been exposed to an infection. Sometimes the symptoms are very mild, and you may not have realised you had an infection.
- **Diagnostic tests (chorionic villus sampling (CVS) or amniocentesis) -** these tests examine your baby's chromosomes in detail and are used to determine whether or not your baby has a genetic or chromosomal difference. They can also be used to find out if your baby has an infection. Choosing to have a diagnostic test can be a difficult decision to make. The fetal medicine team will discuss these tests with you in more detail and provide separate information factsheets.
- **Further ultrasound scans -** you will be offered an ultrasound scan at 28 and 34 weeks to assess your baby's bowel and overall growth and wellbeing. These scans may be carried out within the fetal medicine unit at the Princess Anne Hospital, or at your local hospital. Your obstetrician will discuss the most appropriate location with you.

What happens next?

Your fetal medicine consultant will discuss everything with you and agree the best plan for you and your family, according to your wishes.

Results

If you choose to have any of the tests described in this factsheet, we will contact you by telephone with the results as soon as they are available. We will discuss how long it may take to receive the results with you, as this will depend on the tests you have.

If your test results do not suggest an underlying cause of your baby's echogenic bowel, ultrasound scan appointments to reassess your baby's bowel and review their growth during your pregnancy will be arranged.

If the tests identify the cause of your baby's echogenic bowel, you will have the opportunity to discuss the results and what they mean with a member of the fetal medicine team and your midwife. Appropriate follow-up appointments will be arranged, and you will also be offered information from specialist local and national support groups.

It is important to be aware that antenatal scans have limitations. Not all differences can be detected during pregnancy, and even with genetic diagnostic tests it is not possible to exclude the possibility of all genetic differences before birth. Please talk to us if you have further questions or would like more information.

Future pregnancies

The likelihood of you having another baby with an echogenic bowel is very small and will depend on many factors, including whether or not a cause for your baby's echogenic bowel has been found. Your obstetrician will discuss your individual likelihood with you and answer any questions you may have.

Contact us

We understand that this can be a worrying time for you, your partner and your family. If you have any further questions or would like to discuss your baby's wellbeing or the outcome of any of the tests you have been offered in more detail, please do not hesitate to contact us.

Fetal medicine team
Telephone: **023 8120 6025**, Monday to Friday, 9am to 5pm.
Your GP, midwife and obstetrician may also be able to give you more information.

Useful links

Antenatal Results and Choices (ARC) ARC is a national charity that provides information and support before, during and after antenatal screening or diagnosis. www.arc-uk.org	
Cystic Fibrosis Trust UK charity providing information and resources about cystic fibrosis (CF) www.cysticfibrosis.org.uk	
Cytomegalovirus CMV Action is a UK charity offering advice and support to families affected by congenital CMV (cCMV). www.cmvaction.org.uk	
Diagnostic tests It is important that you take time to consider your options and ask any questions you may have before you decide whether or not having a diagnostic test is the right choice for you.	

CVS and amniocentesis leaflet www.gov.uk/government/publications/cvs-and-amniocentesis-diagnostic-tests-description-in-brief	
Amniocentesis factsheet www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Pregnancyandbirth/Amniocentesis-QF-PCR-test-2829-PIL.pdf	
Chorionic villus sampling (CVS) factsheet www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Pregnancyandbirth/Chorionic-villus-sampling-QF-PCR-test-3108-PIL.pdf	

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