

Detection of fetal congenital heart defects during first trimester screening in a low-risk population



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First trimester heart

- Congenital Heart Defects (CHD): 5-9/1000 incidence
- The heart position/anatomical appearance is
 - as in the second and third trimesters- only smaller
- Opportunity to assess the heart with 1st



Search: first trimester screening reports on the image reporting system for word "cardiac" and "heart" between 1/6/2022 and 30/06/2024 – found all CHD detected in the first trimester scan

The Local Health District fetal heart anomalies are referred to the Feto Maternal Unit, Liverpool Hospital for review

trimester screening for Preeclampsia and aneuploidies performed at

11-14 weeks gestation

Accuracy of 1st trimester screening reported in the literature: sensitivity of 78.9 -85% and specificity of 90.6 -99%. ^{1,2,3}

• First trimester screening unit was initiated within the Feto-Maternal Unit at Liverpool Hospital in June 2022 to screen for preeclampsia and aneuploidy in the diverse, low risk population in South Western Sydney LHD.

Guidelines from an international association in 2023⁴ for 1st trimester early morphology ultrasounds suggests additional views of the fetal heart be included at 12-14 weeks

Additional views are of the great vessels of the fetal heart.

AIM: Audit the number of cardiac defects detected in the first

Results

June 2022 – July 2024 -2088 first trimester scans were performed in a low-risk population.

There were 13 fetal CHD in this cohort

A limitation of the audit is: if the CHD was not detected antenatally or fails to be reviewed at Liverpool FMU, we may not be informed of the finding.

2 CHD missed at 11-14 weeks - 11/13 (84.6%) were detected.

Detected: transposition of the great arteries (TGA), hypoplastic left heart, muscular VSD, Ebstein's anomaly, critical tricuspid regurgitation, aberrant right subclavian artery.

Missed CHD:TGA suboptimal /challenging maternal habitus detected at 19 weeks and a dysplastic tricuspid valve with aortic stenosis

trimester through the First Trimester Screening Unit at Liverpool Hospital on a low risk and diverse population

FIRST TRIMESTER STR CHECKLIST	UCTURAL SCAN Health South Western Sydney Local Health Datrict	
UTERUS/PLACENTA CLRVIX LUNGIN UTERUS (including fundus) PLACENTA PLACENTAL CORD INSERTION ADNEXA/OVARIES (measured) FACE	ABDOMEN AC measurement s SITUS HEART/STON DIAPHRAGM (Cord CORD INSERTION/ BLADDER / SVC (C) KIDNEYS in corona RENAL ARTERIES (S) HEAD ACH B-mode + Colour (equal cardiac	
PROFILE (NB with three lines) FACE/ORBITS in coronal LENSES RETRONASAL TRIANGLE NOSE/LIPS	CRANIUM (assess of CHORORIDS / falk BPD/HC AQUEDUCT of SYLI AQUEDUCT of SYLI W/Y shape)	ga
 ACH B-mode + Colour (equal cardiac filling) 3VTV with colour (PA and Ao forming a "V" shape) 3VV with colour (forms a "Y" shape) 3VV with colour (forms a "Y" shape) IF POSSINEF LVOT (with/out colour) Sagittal great arches/(IVC/SVC) 	OR Its/FIB IFL(orientation) IF POSSIBLE IF POSSIBLE IF VOT (with/out colour) Sagittal great arches/(IVC/SVC)	
CRL / NLCK / SPINI CRL NT measurement (as per RANZCOG) POSTERIOR FOSSA/IT measured. SPINE Coronal / Sagittal SKIN LINE in SAGITTAL	DOPPHER TRACE : THR, Grow (PW on Trice) DUCTUS VENOSUS UTERINE ARTERY PI (RIGHT & LEFT) (As per RAN/2COG) PERFORM A TV SCAN WHEN APPROPRIATE!	

PERFORM A TV SCAN WHEN APPROPRIATE! SKIN LINE IN SAGITTAL

discovered as a neonate.



Reversed blood flow in the aortic arch

Hypoplastic left heart at 13 week gestation

Conclusion

• Rate of CHD (0.6%) was within the reported incidence 0.5-0.9% at birth

84.6 % CHD detection rate in a diverse and low risk population.



Essential views of the fetal heart 12-14 weeks⁵

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Early screening provides reassurance/counselling/referrals and

delivery planning



This audit supports that additional views of the heart increases CHD detection.^{6,7}



Difficulty obtaining heart views transabdominally should prompt transvaginal imaging or early follow-up.⁸