Indications for Fetal Echocardiography — Quick Reference

Summary Algorithm — Who Needs a Fetal Echo?

- 1. Any abnormal cardiac view or rhythm \rightarrow Always indicated.
- 2. High-risk maternal/familial/genetic history \rightarrow Indicated.
- 3. Suspicious ultrasound marker (NT, axis, effusion, extracardiac anomaly) \rightarrow Indicated.
- 4. Moderate-risk maternal factor (diabetes, IVF, IUGR) \rightarrow Recommended.
- 5. Low-risk / uncertain \rightarrow Consult fetal cardiology or repeat screening.
- 6. Parental request for reassurance \rightarrow Consider after counselling.

Category		Indications / Findings / Notes
Maternal Indications	1.	Pre-Gestational Diabetes
	2.	
		Maternal CHD
		Teratogens
		IVF/ICSI
	6.	Infections
Fetal Ultrasound	1.	, , , , , , , , , , , , , , , , , , , ,
Findings	2.	Increased NT (>3.5mm)
	3.	9
	4.	J · · · · · · · · · · · · · · · · · · ·
	5.	
		MC Twins/TTTS
		IUGR With Doppler Changes
Genetic / Family		Previous Child With CHD
Indications		Parental CHD
	3.	1 5 (/ / 5/ 1
		Pathogenic Single-Gene Variants
	5.	Abnormal Cf-DNA Findings
Extracardiac Indications	1.	CNS
	2.	Facial Cleft
	3.	Omphalocele
	4.	CDH
	5.	Renal, Skeletal
	6.	
		Placental Tumor
		Polyhydramnios
		Hydrops
Functional Indications	1.	r
	2.	MPI
		Ventricular Systolic/Diastolic Function
	4.	AV Regurgitation
	5.	DV/IVC/Umbilical/MCA Dopplers
	6.	Monitor For Hydrops

Timing and Clinical Notes

- Optimal timing: 18–22 weeks.
- Early targeted scan: 14–16 weeks for high-risk cases; repeat if image quality inadequate.
- >50% of CHD occur without known risk factors maintain high-quality routine cardiac screening.
- Parental request for reassurance is valid after counselling.

Visit www.fetal-echo.org for a full professional article and detailed tables.

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