

Isolated mild cerebral ventriculomegaly

Information for healthcare professionals

Aim of leaflet

The aim of this document is to provide information for healthcare professionals about mild cerebral ventriculomegaly identified at the 18⁺⁰ to 20⁺⁶ weeks fetal anomaly scan (**not ventriculomegaly of greater than 12mm**).

What is it?

Mild cerebral ventriculomegaly is when the posterior horn of the lateral ventricles of the fetal brain measure 10.1 to 12mm at the 18⁺⁰ to 20⁺⁶ weeks ultrasound examination.

What causes it?

The majority of fetuses with isolated mild cerebral ventriculomegaly are normal. Mild ventriculomegaly might be isolated and non-progressive. It can be associated with one or more of the following conditions

- abnormal cerebral development
- neural tube defect such as spina bifida
- congenital infection
- underlying chromosomal or genetic condition¹

How common is it?

Mild cerebral ventriculomegaly is seen in fewer than 1% of pregnancies.

Care following the ultrasound examination

It is important that the woman is given clear information about what has been found at the ultrasound examination. Initially, this explanation will be given by the sonographer who undertook the scan.



Information should be tailored to the individual and given in a staged, unhurried and sympathetic way. The woman may be shocked or upset and, for this reason, might not absorb what the sonographer says. She should be offered an information leaflet about the finding which she can take away and read in her own time.

The woman should be offered another appointment to see her obstetrician (or midwife) to discuss the findings and then referred to an ultrasound specialist and/or fetal medicine specialist for a more detailed ultrasound examination.²

Contact information about agencies that can provide external support such as Antenatal Results and Choices (ARC) should be offered to the woman.³

Antenatal Results and Choices (ARC)

ARC provides impartial information and individual support to parents whether they are going through antenatal screening or whose unborn baby has been diagnosed with an abnormality.

73 Charlotte Street

London

W1T 4PN

Helpline: 0207 631 0285

Email: info@arc-uk.org

Website: www.arc-uk.org

References

1. Devaseelan P, Cardwell C, Bell B, et al. Prognosis of mild to moderate fetal cerebral ventriculomegaly: A systematic review. *J Perinat Med.* 2009;38(4):401–40.
2. Melchiorre K, Behide A, Gika AD, Pili G, Papageorghiou AT. Counseling in isolated mild fetal ventriculomegaly. *Ultrasound Obstet Gynaecol. (White Journal)* 2009;34:212–24.
3. Kirwan D, NHS Fetal Anomaly Screening Programme. *18⁺⁰ to 20⁺⁶ Weeks Fetal Anomaly Scan National Standards and Guidance for England.* Exeter: NHS Fetal Anomaly Screening Programme; 2010.

