Information for parents about
Fetal Renal Pelvic dilation (RPD)

The aim of this leaflet is to help explain what renal pelvis dilation (RPD) means and to answer some of the questions you may have about this ultrasound finding.

Your scan has shown that the area within one or both of your baby’s kidneys where urine collects, known as the renal pelvis, is a little wider than usual. This finding is known as Renal Pelvic Dilation (RPD).

It is one of the most common findings that we see and occurs in about 1 in 100 babies. It can be found in one or both kidneys and the dilation can vary in size during the pregnancy.

What is renal pelvic dilation?

The kidneys are formed early in your baby’s development in the womb. They consist of two parts: an outer part for filtering the baby’s blood and producing urine and an inner part, called the renal pelvis, which acts as a collecting area for the urine before it drains to the bladder.

![Normal vs Dilated Kidneys](image)

Why does it happen?

The exact cause of RPD is not clear but it may be the result of a narrowing of the ureter which is the tube that drains the urine to the bladder. It can also be the result of reflux where urine from the bladder flows back up into the kidney. Generally, however, it is the result of immaturity and appearances become normal towards or soon after birth.

In some, very rare cases the dilation worsens and the baby may need some investigations and/or treatment following birth. For this reason we follow up each case of RPD during the pregnancy.
What will happen next?

We will monitor the RPD with two further antenatal ultrasound scans at about 28 weeks and 36 weeks.

If the 36 weeks ultrasound scan shows the RPD to be less than 10mm this will be judged to be within the normal range and no further follow up will be required.

If the 36 week scan shows continued RPD of 10mm or more, your baby will need two ultrasound scans after birth. These are done at about 1 to 2 weeks and approximately 8 weeks of age.

Babies with a RPD of 10mm or more are known to have an increased chance of developing urinary tract infections after birth and so your baby will be prescribed a small daily dose of an antibiotic syrup to protect his or her kidneys and you will be shown how to administer this. This will be done before you take your baby home.

Further follow up may be required depending on the scan findings at 8 weeks.

If you have any questions or concerns about this scan finding or about your 18+0 to 20+6 fetal anomaly scan, you can speak to a member of the maternity ultrasound team on 01895 279052 (Monday to Friday, 9am to 4pm).
Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format.
Please contact: 01895 279973

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Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem informacji pacjenta (patient information) pod numerem telefonu: 01895 279973.

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