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# View Abstract

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**SUBMISSION ROLE:** General Abstract Submission

**CONTROL ID:** 3002582

**TITLE:** Fetal surveillance of anti-Ro/anti-La affected pregnancies: is there a consensus? Results of an international survey

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**ABSTRACT BODY:**

**Objectives:** Surveillance of pregnancies affected by maternal anti-Ro/ anti-La auto-antibodies (AB) with regard fetal cardiac monitoring is controversial. The aim of this study was to obtain an overview of current practice worldwide.

**Methods:** A web-based survey was developed by members of ISUOG Fetal Heart Interest Group. Link to the survey was sent via Newsletter to all ISUOG and Fetal Heart Society members and by direct email to UK fetal cardiologists and members of AEPC fetal working group. Additional emails were sent directly to other worldwide professionals known to manage such pregnancies.

**Results:** There were 92 respondents. About ½ were cardiologists and ½ obstetricians or fetal medicine specialists. Nearly 40% manage <5 cases/year and only ~10% see >20cases/year. For about half of the respondents, 'positive' anti-Ro/La is the only information known in > 90% of cases seen. About one quarter know AB titers and just over 10% are aware of anti-Ro subtypes for > 90% of cases. With no previously affected child, about half use echo and fetal heart rate monitoring and about one quarter use echo alone. Most respondents (~ 2/3) would start monitoring at 16-20weeks. Frequency of monitoring varied, being every 2 weeks in ~40%, and weekly in about one quarter of responses. From replies, there was no consensus on how long to monitor the pregnancy for. If 1<sup>st</sup> degree atrioventricular (AV) block or myocardial abnormalities were found, most (50-60%) would increase frequency of scans and ~40% would start steroids. Most use left ventricular inflow-outflow Doppler to measure the AV interval, but there is no consensus on how to define 1<sup>st</sup> degree AV block. With a previously affected child, most would monitor the pregnancy differently but ~20% would not.

**Conclusions:** Although there were some trends, there was no clear consensus on how to monitor these pregnancies. Evidence-based guidelines are likely to optimize fetal surveillance.

**Additional details**

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**CURRENT SUB-TOPIC:** 02. Fetal heart, CHD and cardiac function

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**KEYWORDS:** Echocardiography, Fetal heart.

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