



Georgia Pediatric Cardiology

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FETAL ECHOCARDIOGRAPHY

Mother's Questionnaire Form Page 1

Last name _____ First name _____

Date of birth _____ Your age _____

How many weeks pregnant are you? _____ Due date (if known) _____

Your due date was determined by: Ultrasound Last menstrual cycle Both

Fertilization Method: Natural Artificial insemination In Vitro Fertilization Follicle stimulation

Number of times you have been pregnant (including this one): _____

How many miscarriages have you had (including ectopic pregnancies and abortions)? _____

How many of children were born alive? _____ Any still birth (baby was born dead or die right after birth)? _____

How many of children were born full-term? _____ How many of your children were born premature? _____

What is the name of the physician who referred you to us? _____

Why were you referred to us? _____

Do you have diabetes? _____ How long have you had diabetes? _____

Did you have diabetes before becoming pregnant? _____

List other medical problems you have: _____

List all medications (Including over-the-counter medications) that you are taking: _____

Are you taking any prenatal vitamins? Yes No Are you taking folic acid? Y N

List any supplements/herbs you are taking: _____

Did you, or are you going to have an amniocentesis with this pregnancy? Yes No

When? _____ Results (If known): _____

Do you smoke? Yes No If yes, how much? _____

Do you drink alcohol? Yes No If yes, how much? _____

Do you drink coffee/tea? Yes No If yes, how much? _____

Mother's Questionnaire Form Page 2

Do you drink caffeinate soft drinks(Cola's)? Yes No If yes, how much? _____

Are there any family members with a heart defect from birth or any children with heart problems? Yes No

If yes, what is the relationship to your baby? _____

Are there any children in your family who have had open heart surgery? Yes No

If yes, what is the relationship to your baby? _____

Are there any children in your family who have had open heart surgery? Yes No

If yes, what is the relationship to your baby? _____

Are there any children in your family with genetic or chromosomal problems? Yes No

If yes, what is the relationship to your baby? _____

Are there any children in your family who have died of SIDS (Sudden infant death syndrome)? Yes No

If yes, what is the relationship to your baby? _____

Please list any concerns you may have with this baby or with this pregnancy: _____

At what hospital do you plan to give birth? _____

Name of Obstetrician / Perinatologist

Street Address

City Zip Code

Phone Number

Overview Of Fetal Echocardiography

Fetal echocardiography is an ultrasound test performed during pregnancy to evaluate the heart of the baby. It uses ultrasound equipment similar to the one which was used by your obstetrician for your first ultrasound, except the study provides a detail evaluation of the heart. A small probe called a transducer (similar to a microphone) is placed on the mother's abdomen and ultrasound images of the baby's heart are obtained. Fetal echocardiography assesses the heart's structures and function.

Fetal echocardiography studies are performed by doctors who have special training in heart problems in babies (Pediatric Cardiologists).

Fetal echocardiography can help detect fetal heart abnormalities before birth, allowing for faster medical or surgical intervention once the baby is born. This improves the chance of survival after delivery for babies with serious heart defects.

It is not necessary for all pregnancies to receive a fetal echocardiogram. The prenatal ultrasound tests that are done prior to birth can give information about whether the fetal heart has developed with all four chambers. Most unborn babies do not require any further testing.

Situations in which a fetal echocardiogram may be necessary include, but are not limited to, the following:

1. Suspected heart abnormality on a routine ultrasound scan performed by an obstetrician.
2. Abnormal fetal heart rhythms
3. A sibling or parent born with a heart defect
4. The fetus has been diagnosed with other congenital problems: chromosome abnormalities (e.g. Down Syndrome), kidney malformation, bowel abnormality, lung abnormality
5. Maternal illness such as Lupus or Diabetes
6. Maternal infections such as Toxoplasmosis, Cytomegalic virus (CMV), Coxsackie, Rubella, Mumps virus, Parvovirus
7. Exposure to a drug that is associated with an increased risk of heart defects such as: Lithium, Alcohol, Phenytoin, Valproic Acid, Isotretinoin, Carbamazepine, Trimethadione
8. Polydramnios (excess amniotic fluid)
9. Syndromes that run in families, such as Tuberous Sclerosis, Marfan syndrome, Noonan syndrome, Glycogen Storage Diseases.

Although fetal echocardiograms can detect most cardiac defects, there are subtle cardiac defects that may not be detected. Remember a fetal echo is examining a heart that may be as small as a grape. The images are not as clear as they will be once the baby is born. Any preliminary diagnosis of a heart defect seen before birth must be confirmed by an echo after the baby is born. We will let you know whether your child will need a repeat echocardiogram after birth.