

Diagnostic yield of consultative fetal echocardiography in pregnancies referred for soft markers versus structural and maternal indications

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1 OBJECTIVES

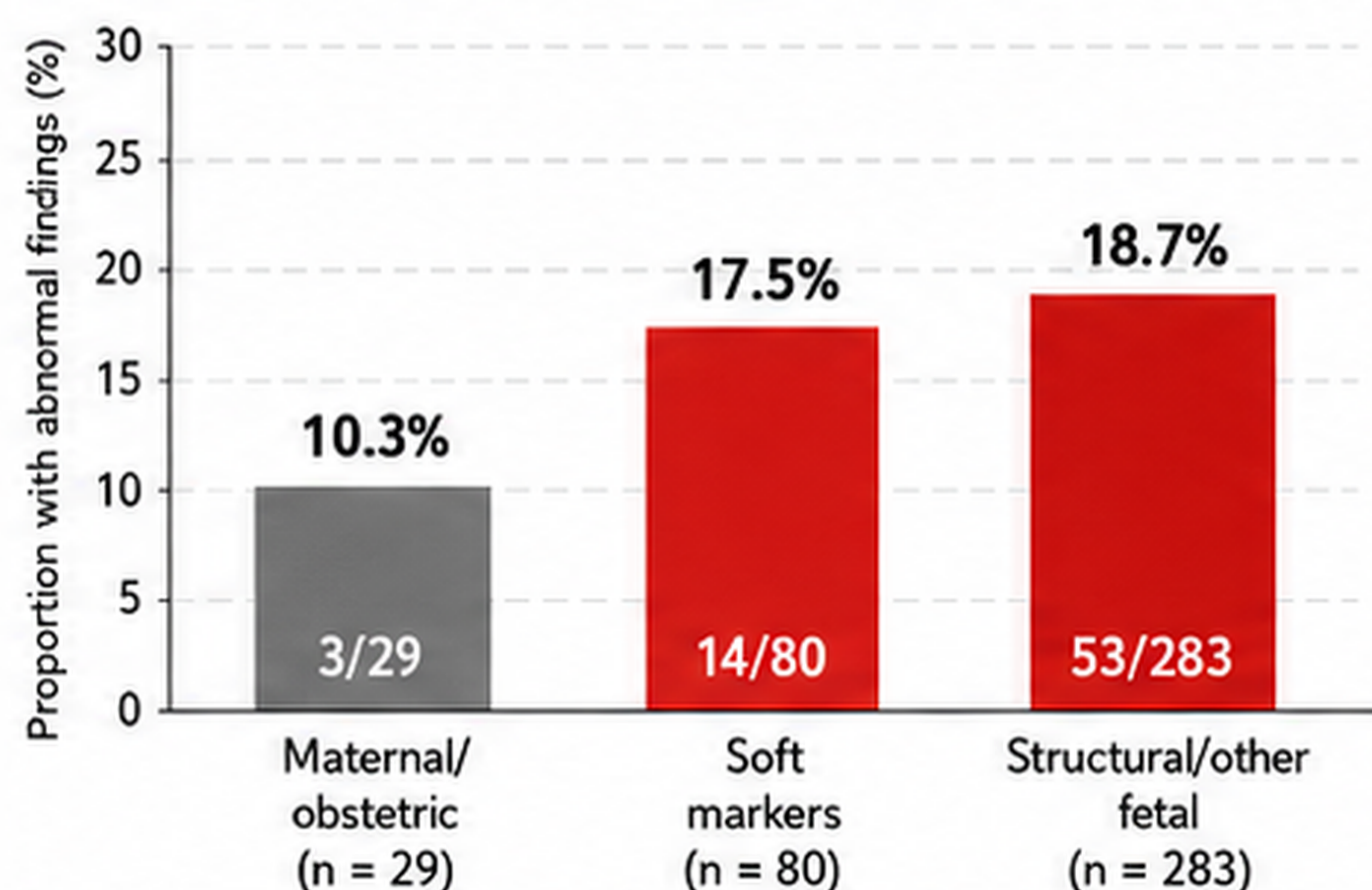
To compare the prevalence of abnormal findings on consultative fetal echocardiography between pregnancies referred for ultrasound soft markers, suspected structural fetal abnormalities, and maternal/obstetric indications, after excluding referrals driven solely by abnormal aneuploidy screening.

2 METHODS

- Retrospective analysis of 600 consultative fetal echocardiograms.
- Examinations referred primarily because of high or intermediate combined screening risk for aneuploidy were excluded (n = 208). Final analytic cohort: n = 392.
- Referral groups:** soft markers (n = 80), structural/other fetal indications (n = 283), maternal/obstetric indications (maternal disease, ART, infections; n = 29).
- Primary outcome:** any abnormal finding in the final echocardiographic report (structural or functional cardiac and/or major extracardiac abnormality).
- Statistical analysis:** proportions with 95% confidence intervals and logistic regression adjusted for gestational age; maternal obstetric indications used as the reference group.
- Median gestational age at examination: 27 weeks across groups.

3 RESULTS

Proportion with abnormal findings by indication group



Abnormal findings by indication group

Indication group	n	Abnormal, n (%)
Maternal/obstetric	29	3 (10.3%)
Soft markers	80	14 (17.5%)
Structural/other fetal	283	53 (18.7%)



Full cohort (n = 600):
abnormal findings in
16.2% of examinations.



Analytic cohort after
exclusions (n = 392):
70/392 abnormal
findings (17.9%).



Adjusted logistic regression
vs maternal/obstetric
indications:

- Soft markers:
OR 1.74 (95% CI 0.46–6.63)
- Structural/other fetal
indications:
OR 1.85 (95% CI 0.53–6.42)

No statistically significant
differences.

4 CONCLUSIONS

- After excluding referrals based solely on abnormal aneuploidy screening, pregnancies referred for soft markers showed a diagnostic yield comparable to referrals for suspected structural abnormalities.
- Both soft-marker and structural indications had **higher proportions** of abnormal findings than maternal/obstetric referrals.
- However, these differences were **not statistically significant** after adjustment for gestational age.



TAKE-HOME MESSAGE

In this consultative cohort, soft-marker referrals had a meaningful diagnostic yield and should not be assumed to be substantially lower yield than referrals for suspected structural abnormalities.

