

Management Guidelines – In Utero

<u>WHEN</u>	<u>WHO</u>	<u>WHAT</u>
18 to 22 weeks gestation	Radiologist	<ul style="list-style-type: none"> Morphology scan (midterm anatomy scan) providing first indication of suspected corpus callosum abnormality Provide AusDoCC information
After 20 weeks gestation	Radiologist	<ul style="list-style-type: none"> Level 2 ultrasound or fetal survey to confirm DCC diagnosis Fetal MRI to determine full or partial agenesis (or other) Consider whether this is an isolated brain abnormality. Provide AusDoCC information
	GP/Obstetrician/Midwife	<ul style="list-style-type: none"> Serial antenatal examinations with transvaginal imaging Consider if there is a need for an amniocentesis or other pre-natal testing
	Genetic Counsellor/Geneticist	<ul style="list-style-type: none"> Explain the implications of the diagnosis and the breadth and limitations of genetic testing Advise whether any further pre-natal testing is warranted
	Specialised women's or teaching hospital	<ul style="list-style-type: none"> Antenatal care with high risk care plan
After birth	Radiologist/Paediatrician	<ul style="list-style-type: none"> Follow up scan after birth. Establish care plan
	Paediatric Neurologist and Paediatrician.	<ul style="list-style-type: none"> Follow up care plan
At all stages	GP	<ul style="list-style-type: none"> Involvement at all stages
	Social worker	<ul style="list-style-type: none"> Support for family and baby

Compiled by AusDoCC members consisting of adults with a DCC, parents, partners and friends. Reviewed by AusDoCC advisors including practitioners, researchers, clinicians, educators and allied health professionals.

©AusDoCC Inc. 2018