Perinatal Urinary Tract Dilation: Recommendations on Pre-/ Postnatal Imaging, Prophylactic Antibiotics, and Follow-up: Clinical Report. Pediatrics Vol 156, Issue 1, July 2025.

Initial guidance for management of infants with diagnosis of perinatal urinary tract dilation based on AAP Clinical Report. Full article available here.

*ADP = Anteroposterior renal pelvis diameter

UTD Classification	Definition	Initial Postnatal US	Urology/Nephrology Consultation
Incomplete or Unclear Classification		Follow postnatal evaluation similar to UTD A1	Follow postnatal evaluation similar to UTD A1
Resolved at Last Prenatal Ultrasound		If prior US were all A1 --> No postnatal evaluation or surveillance required	
		If any prior US was A2-3 --> Manage according to recommendations for "Increased Risk (A2-3)" below.	
Low Risk (A1)	≥ 28 weeks APD 7 to <10 mm **AND/OR** central calyceal dilation	≥48 hrs to 6 weeks of age Need not delay discharge*	May consider with outpatient follow-up
Increased Risk (A2-3)	≥ 28 weeks APD ≥10 mm **OR** any abnormal parameter (except central calyceal dilation)	Prior to discharge. Ideally after 48 hr of life.	Recommended prior to discharge

The ultrasound should be prioritized and can either be ordered prior to discharge or at the first primary care visit to allow for imaging within 4-6 weeks of life.

FIGURE 5.
Suggested Subsequent POSTNATAL Management Based Upon Antenatal Ultrasound.

UTD Classification	Definition/Circumstance	Follow-Up Ultrasound (2nd Postnatal Ultrasound)	Antibiotic Prophylaxis	VCUG/ceVUS	MAG3/fMRU	Urology/Nephrology Consultation
Resolved		3-9 month of age	Not recommended	Not recommended	Not recommended	Not recommended
Low Risk (P1)	APD 10 to <15 mm **AND/OR** central calyceal dilation	3-6 months of age	Not recommended	Not recommended	Not recommended	Outpatient
Intermediate Risk (P2)	APD ≥15 mm **AND/OR** peripheral calyceal dilation	1-3 months of age	Use shared decision making to determine use	Use shared decision making to determine need	Use shared decision making to obtain at >6 weeks of age	Inpatient consult or expedited outpatient referral
	Ureteral dilation ≥7 mm	1-3 months of age	Recommended	Recommended within 1-3 months of age	Use shared decision making to obtain at >6 weeks of age	Inpatient consult or expedited outpatient referral
High Risk (P3)	Findings in P2 **AND** abnormal parenchymal thickness **or** appearance **or** abnormal bladder	1 month of age	Recommended	Recommended within 1-3 months of age	Recommended at >6 weeks of age.	Inpatient consult or expedited outpatient referral

fMRU indicates functional magnetic resonance urography.

FIGURE 6.
Suggested Subsequent POSTNATAL Management Based Upon Initial Postnatal Ultrasound. fMRU indicates functional magnetic resonance urography. Most studies evaluating risk factors for UTI with UTD and/or VUR have excluded known uropathies. It is recommended that children with these diagnoses be considered high risk, as most are associated with obstructive uropathy or VUR.

- Evaluation and management of severe forms of **bilateral urinary tract dilation is not covered in the above recommendations**. A urology/nephrology consult should be placed for these infants following delivery, as well as bladder decompression, imaging, initiation of prophylaxis antibiotics and trending of serum creatinine.

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