

### MFM Indications for Pediatric Urology Referral

Version 3, 3/23/2026

Condition	Pediatric Urology Referral	Pediatric Nephrology Referral	Timing of Referral	Delivery location
Unilateral UTD A2-3	Only if desired by patient	No	Not applicable	Primary OB
Unilateral UTD A2-3 with unilateral UTD A1	Not necessary in a female, recommended for male	No	Before birth	Male fetus-UNC Medical Center to NICU Female fetus - primary OB
Bilateral UTD A1	Not necessary in a female, offer for male	No	Before birth	Primary OB – Rex can do VCUG
Bilateral UTD A2-3	Not necessary in a female, recommended for male	No	Before birth	Male fetus-UNC Medical Center to NICU Female fetus - primary OB
LUTO	Yes	No	Prior to fetal intervention if consideration termination  Otherwise, before birth	UNC Medical Center
Myelomeningocele	Yes	No	Prior to fetal intervention if consideration termination  Otherwise, before birth	UNC Medical Center
Unilateral renal agenesis	No	Yes	Before birth	Primary OB

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Condition	Pediatric Urology Referral	Pediatric Nephrology Referral	Timing of Referral	Delivery location
Solitary kidney with any grade of unilateral UTD	Offer	Yes	Before birth	Male fetus-UNC Medical Center to NICU  Female fetus – Rex or UNC Medical Center
Bilateral renal agenesis	No	Yes	Urgent	UNC Medical Center
Duplicated collecting system no ureterocele	If desired, not necessary unless hydroureteronephrosis is present	No	Before birth if desired	Primary OB
Ureterocele	Offer	No	Before birth if desired	Primary OB
MCDK Disease	No	Yes – Urgent if bilateral	Before birth if desired	Primary OB
Patent urachus	Yes	No	Before birth	Offer UNC Medical Center
Extrophy/Absent bladder	Yes	No	Prior to fetal intervention if consideration termination  Otherwise, before birth	UNC Medical Center

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**Peds Urology Order:**

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Name	Type	Pref List	Px Code	Resulting Agencies
<b>🏠</b> 💡 Ambulatory referral to Pediatric Urology	Referral	AMB FACILITY REFERRALS	REF112	

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