Ultrasounds are routinely done during pregnancy to provide important information about the developing baby. Sometimes the ultrasound finds something unexpected in the baby. This fact sheet will give you information about a finding known as **echogenic bowel**.

**Echogenic bowel** (intestines)

**Ultrasound image of the fetal body**

What is echogenic bowel?

Echogenic bowel is a bright area seen in a developing baby’s intestine. This ultrasound finding is seen in 1% to 2% of all pregnancies.

Ultrasound uses sound waves to safely look at your baby. These sound waves bounce back at different speeds – like an echo in a cave. The sound waves bounce back faster and look brighter on the screen when they connect with solid or dense areas of the body (like bone). Echogenic bowel simply means that the baby’s bowel (intestines or gut) looks brighter than usual on the ultrasound. The bowel is called “echogenic” when it looks as bright as the baby’s bones.

What does it mean for my baby?

Echogenic bowel can be part of normal development. Most babies with echogenic bowel are born healthy. However, certain health problems are more likely to be found in a baby with an echogenic bowel.

What makes the bowel look bright?

Muscle movement of the fetal gut starts around 10 weeks after your last period. Soon after that, the fetus begins to swallow amniotic fluid and muscles in the bowel move the fluid through the intestines. There are different things that can make the baby’s bowel look bright on ultrasound.

- **Slowed or blocked bowel movement:** The muscles in the bowel sometimes start moving later than usual or move slower than average. There can also be a part of the bowel that gets blocked. When movement is slowed or blocked it can lead to build-up of the normal contents in the intestines.

- **Blood in the amniotic fluid:** Bleeding sometimes happens during pregnancy. This may or may not be a serious concern, but it does mean there could be blood in the amniotic fluid. It is not harmful for a baby to swallow amniotic fluid with blood. However, blood cells in the baby’s intestine can cause the bowel to look bright.

Does an echogenic bowel go away?

Echogenic bowel will sometimes go away over time. However, there can still be a normal outcome even when the echogenic bowel does not go away.

<table>
<thead>
<tr>
<th>Health problems seen with echogenic bowel</th>
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<tbody>
<tr>
<td>Chromosome conditions</td>
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<tr>
<td>Cystic fibrosis</td>
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<tr>
<td>Fetal infection</td>
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<tr>
<td>Intestinal blockage</td>
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<tr>
<td>Poor fetal growth</td>
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</table>
What is the chance for a health problem with echogenic bowel?
When echogenic bowel is found, there is a higher chance for health problems in the baby. Each pregnancy is unique and the risk for each type of problem can vary. Your chance for a health problem will depend on your exact ultrasound findings, past prenatal testing results, and your pregnancy history.

<table>
<thead>
<tr>
<th>Type of health problem</th>
<th>Reported risk in pregnancies with echogenic bowel</th>
<th>What can influence the risk?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chromosome condition (like Down syndrome)</td>
<td>1%-10%</td>
<td>Higher risk with other ultrasound findings or older maternal age</td>
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<td></td>
<td></td>
<td>Lower risk if you had a normal result from a prenatal screening test</td>
</tr>
<tr>
<td>Cystic fibrosis</td>
<td>1% to 4%</td>
<td>Lower risk if you had normal cystic fibrosis carrier testing or if you are not Caucasian</td>
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<tr>
<td>Fetal Infection</td>
<td>1% to 5%</td>
<td>Higher risk with other ultrasound findings</td>
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<tr>
<td>Intestinal blockage</td>
<td>1%</td>
<td>Higher risk if the bowel also looks swollen or enlarged</td>
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<tr>
<td>Poor fetal growth or fetal loss</td>
<td>10% to 20%</td>
<td>Higher risk when prenatal screening markers suggest a risk for pregnancy complications</td>
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</table>

Will I be offered special testing?
Yes. Special testing is offered to help find the reason for the echogenic bowel. The specific type of testing you are offered depends on your medical history, your family history, and the findings from your ultrasound. You may be offered some or all of the following tests:

- **Maternal blood tests:** Blood tests may be done on you to check the likelihood of a prenatal infection, cystic fibrosis or chromosome risk. Some of this testing may have already been done as part of your early prenatal testing. Blood tests do not usually provide a clear answer about the baby’s health. More testing is needed to confirm a prenatal infection, or to diagnose cystic fibrosis or a chromosome problem in the developing baby.

- **Amniocentesis:** Amniocentesis is done by using a thin needle to remove a small amount of the amniotic fluid surrounding the baby. The fluid is tested for chromosome abnormalities, prenatal infections, and cystic fibrosis, if appropriate. There is a small risk for miscarriage with this test. Your genetic counselor will discuss with you more about the benefits and risks of amniocentesis.

- **Ultrasound:** A high resolution (level II) ultrasound carefully looks at the baby for any other ultrasound findings or birth defects. Ultrasound is able to find some birth defects and can monitor the baby’s growth during pregnancy. However, not all birth defects can be seen before birth, even with a high resolution ultrasound.

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What if all the test results are reassuring?
If all of the tests are reassuring, your baby will most likely be healthy at birth. Echogenic bowel is often just part of a baby’s normal development. However, there are many different reasons for echogenic bowel. It is not possible to identify all problems during pregnancy, so testing cannot guarantee that your baby will be completely healthy.

Where can I get more information?
Your genetic counselor or medical geneticist can answer additional questions you may have about this ultrasound finding.

Kaiser Genetics Departments
Fresno (559) 324-5330
Modesto (209) 735-3344
Oakland (510) 752-6298
Sacramento (916) 614-4075
San Francisco (415) 833-2998
San Jose (408) 972-3300

References:
Buiter et.al, Outcome of infants presenting with echogenic bowel in the second trimester of pregnancy, Arch Dis Child Fetal Neonatal Ed 98:F256-F259 (2013)


Mailath-Pokomy et.al, Are fetuses with isolated echogenic bowel at higher risk for an adverse pregnancy outcome? Experiences from a tertiary referral center, Prenat Diagn 32: 1295-1299 (2012)


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