



Baylor College of Medicine and
Texas Children's Fetal Center®

**Referral Guidelines for
In-Utero Catheter-based
Atrial Septal Intervention
for HLHS with Severely
Restrictive or Intact Atrial
Septum (R/IAS)**

Inclusion criteria

- Singleton Pregnancy
- Fetal hypoplastic left heart syndrome (HLHS) or evolving HLHS, or HLHS variant (double outlet right ventricle with mitral stenosis/ atresia and aortic stenosis) with restrictive and/or intact atrial septum with pulmonary vein forward to reverse flow VTI ratio <3
- Gestational age at the time of the procedure will be between 28 0/7 and 31 6/7 weeks, referral appreciated as soon as restricted or intact septum noted
- Absence of chromosomal abnormalities and major associated anomalies
- The family meets psychosocial criteria (sufficient social support, ability to understand the requirements of the surgery).



Exclusion criteria

- Severely hypoplastic left atrium and/or complex left atrial anatomy (complex cor triatriatum)
- Increased risk for preterm labor including short cervical length (<1.5 cm), history of incompetent cervix with or without cerclage.
- Placental abnormalities (previa, abruption, accreta) known at time of evaluation.
- Maternal-fetal Rh alloimmunization, Kell sensitization or neonatal alloimmune thrombocytopenia affecting the current pregnancy.
- Maternal medical condition that is a contraindication to surgery or anesthesia.
- Maternal HIV, hepatitis-B, hepatitis-C status positive because of the increased risk of transmission to the fetus during maternal-fetal surgery. If the patient's HIV or hepatitis status is unknown, the patient must be tested and found to have negative results during evaluation.
- Low amniotic fluid volume (amniotic fluid index <6 cm) if deemed to be due to fetal anomaly, poor placental perfusion or function, or membrane rupture.
- Patient does not have a support person (i.e. spouse, partner, family member or close friend) available to support the patient for the duration of the pregnancy.
- Inability to comply with the travel and follow-up requirements.



*** Although lymphangiectasia may indicate disease severity, presence of it is NOT an exclusion criterion for fetal cardiac intervention (FCI) at Texas Children's***

Texas Children's Fetal Center® welcomes all referrals. Candidates are carefully evaluated and accepted for maternal-fetal surgery on a case-by-case basis. Please call **832-822-2229** to discuss the eligibility of your patient(s) or to discuss any questions you may have.

To refer a patient, please scan the QR code below or visit **women.texaschildrens.org/fetalreferral** and fill out our online referral form. Patient historical information and medical records may be uploaded online in the form as well. Please be sure to fill out every field in the form, if possible.

