Texas Children's Pavilion for Women Fetal Center®

Volumes and Outcomes

Annual Fetal Center Volumes

1,000+

3,000

150+

Evaluations

Fetal Echocardiograms Fetal Intervention Cases

Maternal-Fetal Medicine Fetal Intervention



Left to right: Ahmed A. Nassr, MD, PhD; Michael A. Belfort, MD, PhD; Magda Sanz-Cortes, MD, PhD; Roopali Donepudi, MD

Pediatric Fetal Surgery



Left to right: Luc Joyeux, MD, PhD; Timothy Lee, MD; Alice King, MD; Sundeep G. Keswani, MD

The Texas Children's Difference

We are committed to excellence in all aspects of care and treatment, with teams dedicated to fetal research, outcomes and care coordination. Every patient referred to the Fetal Center can count on a personal nurse coordinator to follow them throughout their journey.

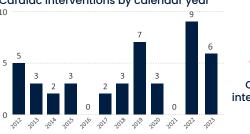
We are here and ready whenever you need us!



To gain our input on a case or refer a patient, please visit: **texaschildrens.org/fetalcenter**Our team is available 24/7, 365 days a year at **832-822-2229**

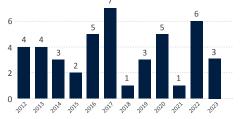
As one of the nation's leaders in the diagnosis and treatment of abnormalities in the fetus and newborn, Texas Children's Fetal Center offers the full spectrum of fetal therapies and care for patients with the most complex conditions who are referred from around the world. Below are cumulative volumes for some of our most innovative treatments.

Cardiac interventions by calendar year



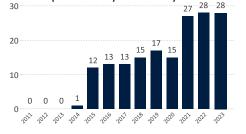
43
Cardiac interventions

FETO by calendar year



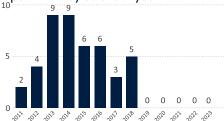
44

Fetoscopic fMMC by calendar year



169
Fetoscopic fMMC

Open fMMC by calendar year



44 Open fMMC





Texas Children's Pavilion for Women Fetal Center®

Outcomes

Through our strengths in research and our commitment to collaboration, Texas Children's Fetal Center and Baylor College of Medicine continue to gain new insight into the rare and complex pregnancies involving fetal abnormalities. This has led to improved diagnoses and treatments that are changing lives of families around the world. The data below represents our outcomes through December 2023.

Fetoscopic Neural Tube Defect (NTD) Repair

In 2014, our team performed the first experimental 2 port fetoscopic closure of an NTD in the nation. We were the first to use heated, humidified CO2 for fetoscopic surgery, transforming the field. We have performed more cases than any other center in the US, with some of the best outcomes in the world.

| Fetal meylomeningocele (fMMC) repair cases | Fetoscopic cases (n=165) | MOMs trial (n=78) |
|--|----------------------------------|----------------------------|
| Gestation age at delivery Median [range] Mean | 37.1 [25.1 - 40.9] 36.3 ± 3.4 | – 34.1 ± 3.1 |
| Preterm premature rupture of membranes <37 weeks gestation | 52/165 (32%) | 36/78 (46%) |
| Preterm Delivery <37 weeks gestation <30 weeks gestation | 73/165 (44%) 10/165 (6%) | 62/78 (79%) 10/78 (13%) |
| Vaginal delivery | 84/165 (51%) | 0/78 (0%) |
| Treatment for hydrocephalus at 12 months or less | 44/128 (34%) | 31/78 (40%) |

Fetal Endotracheal Occlusion (FETO)

Our center has one of the largest number of patients enrolled in a clinical trial for FETO balloon placement in left, right and bilateral CDH with some of the best outcomes in the US.

| Fetal endotracheal occlusion cases | Isolated (n=33)* | Non-Isolated (n=11) |
|---|----------------------------------|----------------------------------|
| Gestational age at delivery Median [range] Mean | 35.5 [30.7 - 40.1] 35.6 ± 2.3 | 36.1 [32.9 - 38.7] 35.9 ± 1.6 |
| ECMO | 10/31 (32%) | 6/9 (67%)** |
| Survival to discharge*** | 23/30 (77%) | 5/11 (45%) |
| Length of stay in NICU (days) Median [range] Mean | 80 [30-294] 105 ± 71 | 146 [56 - 235] 146 ± 57 |
| Discharged home on oxygen | 11/23 (48%) | 5/5 (100%) |

- * 1 IUFD at 33.7 weeks gestation
- ** 3 neonatal deaths <24 hours of life
- *** 2 patients in the isolated group remain in NICU pending discharge



We are one of the largest centers in the US that offers selective fetoscopic laser photocoagulation (SFLP) for the treatment of twin-to-twin transfusion syndrome including those with selective fetal growth restriction, TAPS and triplets.

Overall TTTS Survival

- 90% survival of at least one twin
- 68% survival of both twins

| Survival by Quintero stage | | | | |
|----------------------------|---------------|--------------|--------------|--|
| Stage | Two survivors | One survivor | No survivors | |
| I | 47 (77%) | 11 (19%) | 2 (4%) | |
| П | 90 (79%) | 13 (11%) | 11 (10%) | |
| III | 111 (59.4%) | 55 (29.4%) | 21 (11.2%) | |
| IV | 11 (55%) | 6 (30%) | 3 (15%) | |

| Survival by gestational age at procedure | | | | |
|--|---------------|--------------|--------------|--|
| Gestational age | Two survivors | One survivor | No survivors | |
| 16 - 18 weeks | 83 (62%) | 34 (25%) | 18 (13%) | |
| 19 - 21 weeks | 104 (72.2%) | 25 (17.4%) | 15 (10.4%) | |
| 22 - 24 weeks | 53 (67%) | 22 (28%) | 4 (5%) | |
| 25 - 27 weeks | 16 (80%) | 4 (20%) | 0 (0%) | |

It is a privilege to care for these patients and their families, and we are proud to deliver the highest quality care to address the full spectrum of their needs and ensure the best possible outcomes.

New Clinical Trial

We are actively recruiting participants for a new clinical trial evaluating the safety and feasibility of fetal repair in complex gastroschisis. Visit booth 501 or clinicaltrials.gov (NCT05704257) for more detailed information.





