



The Chicago Institute
for Fetal Health

Volumes and Outcomes

2025

Nationally Recognized Expertise and Experience

The Chicago Institute for Fetal Health is a leader in the research and care of pregnant people with fetal complications. As one of only a few comprehensive fetal centers in the country, the Institute offers prenatal counseling, care and intervention.

Our specialists performed over 4,500 consultations last year for all types of fetal conditions with expectant parents from across the country.

No patient was turned away.





Prenatal Evaluations

Abdominal wall defects	240
Amniotic band syndrome	52
Bladder outlet obstruction	135
Cleft lip and palate	439
Complex monochorionic pregnancies	551
Congenital airway and esophageal disorders	200
Congenital diaphragmatic hernia	213
Congenital lung and thoracic lesions	313
Myelomeningocele/Spina bifida	345

Prenatal Procedures

	381
Laser for monochorionic pregnancy	176
Radiofrequency ablation (RFA), CODD	25
Fetoscopic endoluminal tracheal occlusion (FETO)	8
Prenatal MMC repair – open	25
Prenatal MMC repair – fetoscopic	67
Ex utero intrapartum treatment (EXIT)/POPS	18
Other fetoscopic procedures	56

Prenatal evaluations reflect patients cared for cumulatively by The Chicago Institute for Fetal Health between September 2007 & December 2025. Subsequent details therein are of the most current period between September 2017 & December 2025.



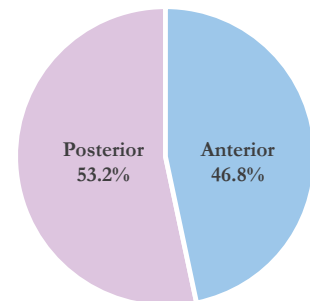
Complicated Monochorionic Pregnancies

Prenatal Evaluations	551
Fetoscopic Interventions	201
Laser for TTTS	137
Laser for TAPS/sFGR	29
Cord ablation	25
Other fetoscopic procedures	10

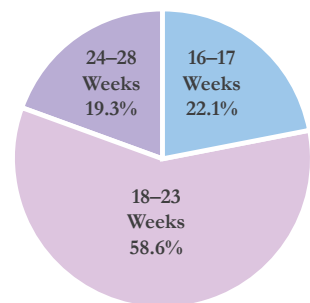
SFLP Outcomes for TTTS Quintero Stage I, II, III	
Survival of at least one	92%
Survival of at least two	75%
Overall survival	84%
Average gestational age at surgery*	20.5 wks
Average gestational age at delivery*	30.6 wks
Average post-procedural pregnancy latency*	10.1 wks

*Excludes patients with cervix length < 2.5cm

SFLP Procedures by Placenta Location



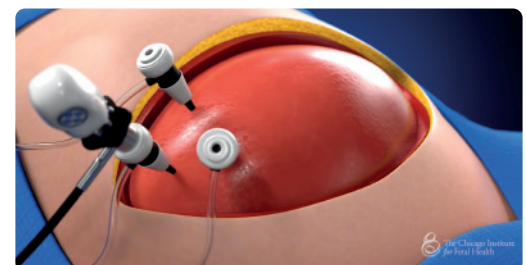
SFLP Procedures by Gestational Age



Myelomeningocele (MMC)

Prenatal Evaluations	345
Prenatal MMC Repairs	95
Prenatal MMC repairs – open	28
Cesarean delivery	100%
Shunt rate at 12 months of age	37%
Prenatal MMC repairs – fetoscopic	67
Vaginal delivery	58%
Shunt rate at 12 months of age	38%

Spina Bifida Surgery in Utero

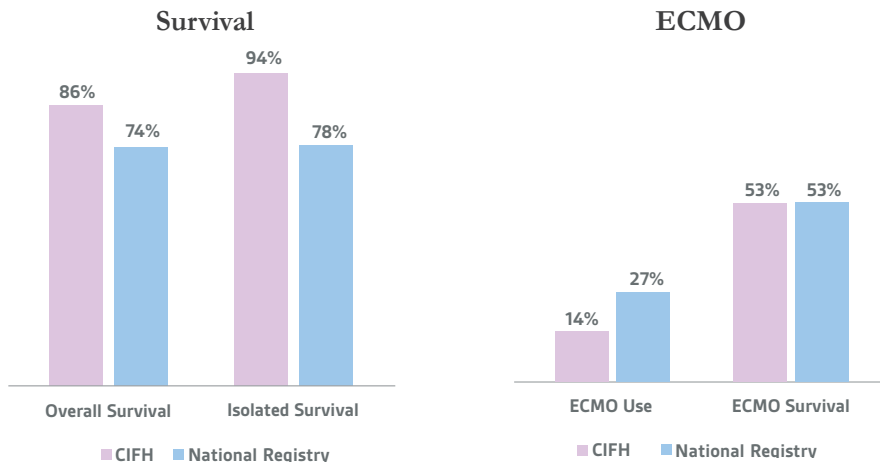


YouTube



Congenital Diaphragmatic Hernia (CDH)

Prenatal Evaluations	213
Fetoscopic Interventions	8



CDH Outcomes	CIFH	National Registry*
Overall CDH survival	86%	74%
Isolated CDH survival	94%	78%
ECMO use	14%	27%
ECMO survival	53%	53%
O ₂ at discharge	13%	25%
Gastrostomy tube at discharge	17%	13%
Hernia recurrence in CDH patients at discharge	0%	2%

*The National Registry is an international consortium comprised of centers that prospectively collect and voluntarily contribute data about liveborn CDH patients they manage.
<https://med.uth.edu/pediatricsurgery/research/research-centers-and-programs/cdhsg/>

Abdominal Wall Defects

Prenatal Evaluations	240
Survival to discharge for isolated omphalocele	100%
Survival to discharge for giant isolated omphalocele	89%
Survival to discharge for omphalocele with chd	80%
Survival to discharge for omphalocele with associated anomalies	100%
Overall omphalocele survival at discharge	92%

Innovation Spotlight Fetoscopic Endoluminal Tracheal Occlusion

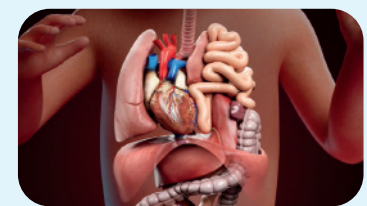
The Chicago Institute for Fetal Health currently offers fetoscopic endoluminal tracheal occlusion (FETO) for patients affected by severe life-threatening congenital diaphragmatic hernia (CDH).



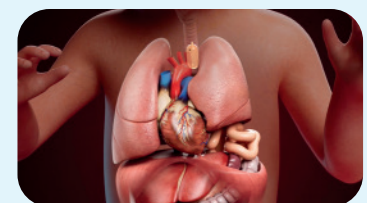
YouTube FETO Surgery in Utero



The two-step approach involves placing a balloon in the fetus' airway at 28 to 30 weeks gestation to create a blockage that promotes lung growth through accumulation of lung fluid. Later the balloon is removed at 34 weeks gestation and the pregnancy allowed to progress toward delivery at term.



The animated video illustrates how surgically placing the balloon allows fluid build-up to accelerate lung growth and compress organs below the diaphragm.



Amniotic Band Syndrome

Prenatal Evaluations	52
Prenatal Interventions	7

Bladder Outlet Obstruction (BOO)

Prenatal Evaluations	135
Prenatal Interventions	16



Cleft Lip and Palate

Prenatal Evaluations	439
Unilateral cleft lip and palate	125
Bilateral cleft lip and palate	51
Cleft lip without cleft palate	77
Cleft palate without cleft lip	9
Other	10



Congenital Airway and Esophageal Disorders

Prenatal Evaluations	200
Prenatal Interventions	15

Congenital Lung Lesions

Prenatal Evaluations	313
Prenatal Interventions	24
EXIT-to-resection procedures	3
Shunts, thoracoscopy and thoracocentesis	21
Survival rate for EXIT procedures	100%
Survival rate for all patients with CVR > 1.6	97%
Survival rate for all patients with CVR < 1.6	100%



Meet the leadership

The Chicago Institute for Fetal Health is one of only a few comprehensive fetal care centers in the country. With more than 45 years of experience, our multidisciplinary team has been a leader in research and counseling of pregnant mothers with complex fetal diagnoses, and we are committed to provide the very best care.



Aimen Shaaban, MD
Medical Director

Dr. Shaaban is a pediatric surgeon and leading expert in the area of surgical fetal intervention. He is the director of The Chicago Institute for Fetal Health, and has been studying and practicing surgery for over 25 years. Dr. Shaaban has lectured nationally and internationally, and is among the most well-respected fetal intervention surgeons in the world. He completed his medical degree at the University of Illinois College of Medicine and his general surgery residency at the University of Iowa Hospitals and Clinics. Dr. Shaaban did his pediatric surgery residency and fetal surgery fellowship at Children's Hospital of Philadelphia.



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