



The Chicago Institute
for Fetal Health

Volumes and Outcomes

2023

Nationally Recognized Expertise & Experience

The Chicago Institute for Fetal Health is a leader in the research and care of pregnant women 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 3,500 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	190
Amniotic band syndrome	39
Bladder outlet obstruction	111
Cleft lip and palate	377
Complex monochorionic pregnancies	400
Congenital airway and esophageal disorders	167
Congenital diaphragmatic hernia	159
Congenital lung lesions	223
Myelomeningocele/Spina bifida	271

Prenatal Procedures

Laser for monochorionic pregnancy	121
Radiofrequency ablation (RFA), CORD	18
Fetoscopic endoluminal tracheal occlusion (FETO)	6
Prenatal MMC repair – open	25
Prenatal MMC repair – fetoscopic	40
Ex utero intrapartum treatment (EXIT)/POPS	13
Other fetoscopic procedures	33

Prenatal evaluations reflect patients cared for cumulatively by The Chicago Institute for Fetal Health between September 2007 & December 2023. Subsequent details therein are of the most current period between September 2017 & December 2023.



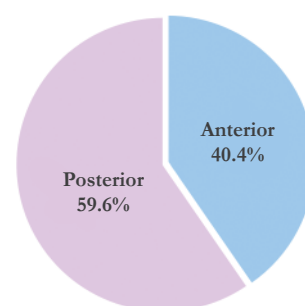
Complicated Monochorionic Pregnancies

Prenatal Evaluations	400
Fetoscopic Interventions	139
Laser for TTTS	90
Laser for TAPS/sFGR	22
Cord ablation	18
Other fetoscopic procedures	9

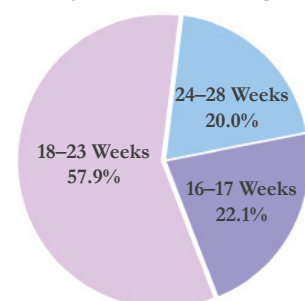
SFLP Outcomes for TTTS Quintero Stage I, II, III	
Survival of at least one	93%
Survival of at least two	75%
Overall survival	84%
Average gestational age at surgery*	20.6 wks
Average gestational age at delivery*	31.1 wks
Average post-procedural pregnancy latency*	10.4 wks

*Excludes patients with cervix length < 2.5cm

SFLP Procedures by Placenta Location



SFLP Procedures by Gestational Age



Myelomeningocele (MMC)

Prenatal Evaluations	271
Prenatal MMC Repairs	68
Prenatal MMC repairs – open	28
Cesarean delivery	100%
Shunt rate at 12 months of age	33%
Prenatal MMC repairs – fetoscopic	40
Vaginal delivery	61%
Shunt rate at 12 months of age	35%



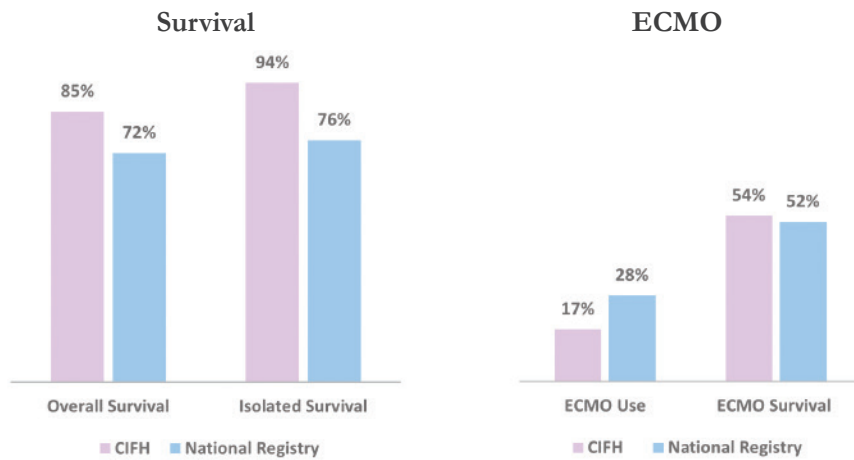
YouTube

Spina Bifida Surgery in Utero

The Chicago Institute for Fetal Health at Lurie Children's

Congenital Diaphragmatic Hernia (CDH)

Prenatal Evaluations	159
Fetoscopic Interventions	6



CDH Outcomes	CIFH	National Registry*
Overall survival	85%	72%
Isolated survival	94%	76%
ECMO use	17%	28%
ECMO survival	54%	52%
O ₂ at discharge	9.5%	24%
Gastrostomy tube at discharge	11%	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/adhs/>

Abdominal Wall Defects

Prenatal Evaluations	190
Survival for isolated omphalocele to discharge	100%
Survival for giant isolated omphalocele to discharge	83%
Survival for omphalocele with chd to discharge	50%
Survival for omphalocele with associated anomalies at discharge	86%
Overall omphalocele survival at discharge	89%

Innovation Spotlight Fetoscopic Endoluminal Tracheal Occlusion

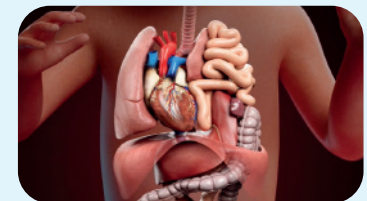
The Chicago Institute for Fetal Health currently offers Fetoscopic Endoluminal Tracheal Occlusion (FETO) for patients affected by severe life-threatening congenital diaphragmatic hernia (CDH).



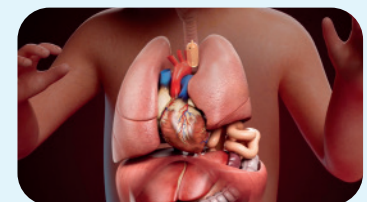
YouTube

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	39
Prenatal Interventions	3

Bladder Outlet Obstruction (BOO)

Prenatal Evaluations	111
Prenatal Interventions	6

Cleft Lip and Palate

Prenatal Evaluations	377
Unilateral cleft lip and palate	96
Bilateral cleft lip and palate	43
Cleft lip without cleft palate	60
Cleft palate without cleft lip	6
Other	5

Congenital Airway and Esophageal Disorders

Prenatal Evaluations	167
Prenatal Interventions	11

Congenital Lung Lesions

Prenatal Evaluations	223
Prenatal Interventions	14
EXIT-to-resection procedures	2
Shunts, thoracoscopy and thoracocentesis	12
Survival rate for EXIT procedures	100%
Survival rate for all patients with CVR > 1.6 or hydrops	95%
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 40 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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