



The Chicago Institute
for Fetal Health

Volumes and Outcomes

2024

Nationally Recognized Expertise and 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 4,000 consultations last year for all types of fetal conditions with expectant parents from across the country.

No patient was turned away.





Prenatal Evaluations

Prenatal Evaluations	
Abdominal Wall Defects	212
Amniotic Band Syndrome	45
Bladder Outlet Obstruction	124
Cleft Lip & Palate	405
Complex Monochorionic Pregnancies	474
Congenital Airway and Esophageal Disorders	188
Congenital Diaphragmatic Hernia	184
Congenital Lung and Thoracic Lesions	280
Myelomeningocele/Spina Bifida	311

Prenatal Procedures

Prenatal Procedures	318
Laser for Monochorionic Pregnancy	151
Radiofrequency Ablation (RFA), CODD	22
Fetoscopic Endoluminal Tracheal Occlusion (FETO)	6
Prenatal MMC Repair - Open	25
Prenatal MMC Repair - Fetoscopic	58
Ex Utero Intrapartum Treatment (EXIT)/POPS	15
Other Fetoscopic Procedures	41

Prenatal Evaluations reflect patients cared for cumulatively by The Chicago Institute for Fetal Health between September 2007 & December 2024. Subsequent details therein are of the most current period between September 2017 & December 2024.



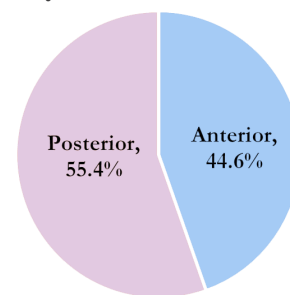
Complicated Monochorionic Pregnancies

Prenatal Evaluations	474
Fetoscopic Interventions	173
Laser for TTTS	117
Laser for TAPS/sFGR	24
Cord Ablation	22
Other Fetoscopic Procedures	10

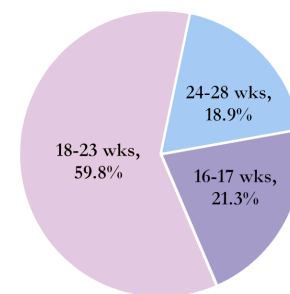
SFLP Outcomes for TTTS Quintero Stage I, II, III	
Survival of at Least One	95%
Survival of at Least Two	75%
Overall Survival	85%
Average Gestational Age at Surgery*	20.5 wks
Average Gestational Age at Delivery*	31.0 wks
Average Post-Procedural Pregnancy Latency*	10.5 wks

*Excludes patients with Cervix Length < 2.5cm

SFLP Procedures by Placenta Location

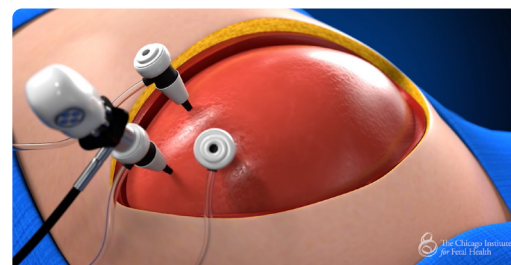


SFLP Procedures by Gestational Age



Myelomeningocele (MMC)

Prenatal Evaluations	311
Prenatal MMC Repairs	86
Prenatal MMC Repairs - Open	28
Cesarean Delivery	100%
Shunt Rate at 12 Months of Age	37%
Prenatal MMC Repairs - Fetoscopic	58
Vaginal Delivery	59%
Shunt Rate at 12 Months of Age	37%

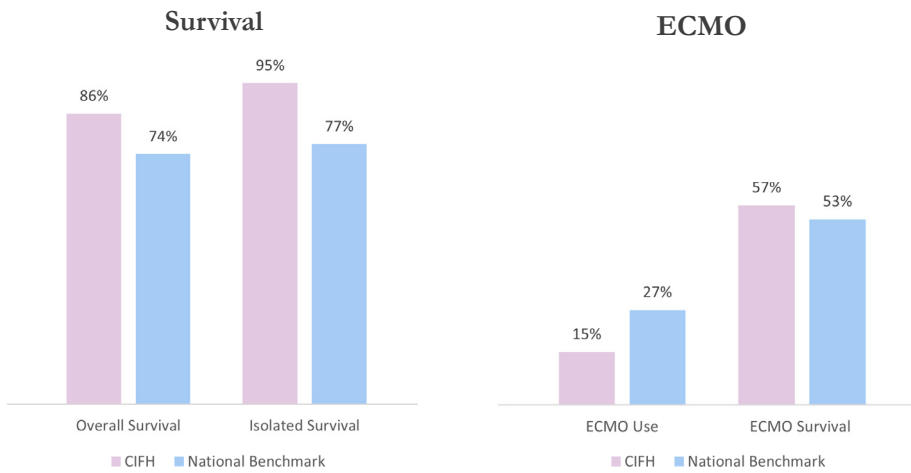


YouTube

Spina Bifida Surgery in Utero

Congenital Diaphragmatic Hernia (CDH)

Prenatal Evaluations	184
Fetoscopic Interventions	6



CDH Outcomes	CIFH	National Registry*
Overall CDH Survival	86%	74%
Isolated CDH Survival	95%	77%
ECMO Use	15%	27%
ECMO Survival	57%	53%
O ₂ at Discharge	13%	25%
Gastrostomy Tube at Discharge	12%	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/>

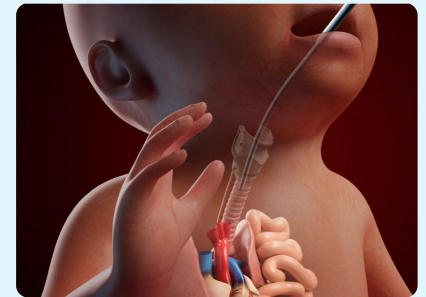
Abdominal Wall Defects

Prenatal Evaluations	212
Survival to Discharge for Isolated Omphalocele	100%
Survival to Discharge for Isolated Giant Omphalocele	89%
Survival to Discharge for Omphalocele with CHD	80%
Survival to Discharge for Omphalocele with Non-Cardiac Anomalies	100%
Overall Omphalocele Survival at Discharge	91%

Innovation Spotlight

Fetoscopic Endoluminal Tracheal Occlusion

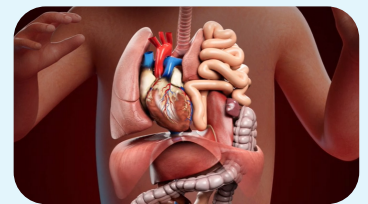
The Chicago Institute for Fetal Health currently offers Fetoscopic Endoluminal Tracheal Occlusion (FETO) for patients affected by severe life-threatening congenital diaphragmatic hernia (CDH).



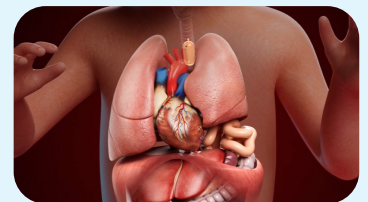
YouTube

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	45
Prenatal Interventions	4

Bladder Outlet Obstruction (BOO)

Prenatal Evaluations	124
Prenatal Interventions	7

Cleft Lip & Palate

Prenatal Evaluations	405
Unilateral Cleft Lip and Palate	110
Bilateral Cleft Lip and Palate	45
Cleft Lip without Cleft Palate	70
Cleft Palate without Cleft Lip	8
Other	5

Congenital Airway & Esophageal Disorders

Prenatal Evaluations	188
Prenatal Interventions	13

Congenital Lung & Thoracic Lesions

Prenatal Evaluations	280
Prenatal Interventions	16
EXIT-to-Resection Procedures	2
Shunts, Thoracoscopy and Thoracocentesis	14
Survival Rate for EXIT Procedures	100%
Survival Rate for All Patients with CVR > 1.6 or Hydrops	96%
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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