The Center at a Glance –

One of the few Fetal Therapy Centers in the Country with all care services under one roof:

- Fetal therapy
- Obstetric care
- Ultrasound & MRI
- Neonatology
- ECMO center
- Pediatric Surgery
- Pediatric Neurosurgery
- Pediatric Specialties

Since opening in mid-2014 the Center has received several thousand referrals, secured over 1 million dollars research grant funding and performed a wide range of fetal treatments with exemplary outcomes.

Twin twin transfusion syndrome (TTTS), discordant anomalies or growth (sIUGR):

Irrespective of disease severity patients undergoing fetoscopic laser for TTTS can expect 75% double twin survival at birth, which on average occurs at 33 weeks gestation.

When to refer monochorionic twins?
- Abnormal amniotic fluid
- Fetal growth restriction
- Fetal anomalies
- Any abnormal Doppler findings

We also offer cord occlusion for discordant anomalies, rescue transfusion for single twin demise and surveillance co-management for sIUGR, minimizing the risk for unanticipated deterioration.

Congenital Diaphragmatic Hernia (CDH) (Fetoscopic treatment; Clinicaltrials.gov - NCT02710968):

Our high volume integrated management program with the Bloomberg Children’s Center has achieved >84% overall survival and 69% survival for patients requiring ECMO. As one of the few FDA approved centers in the nation, our fetoscopic tracheal occlusion treatment (FETO) has achieved the highest survival reported for these patients.

Who can have fetoscopic tracheal occlusion?
- CDH with lung size <30%
- Otherwise normal fetus
- Low risk for preterm birth
- Gestational age < 29 weeks
Fetoscopic myelomeningocele (MMC) repair (Clinical trials.gov - NCT03090633):

We have successfully completed the FDA monitored feasibility study of fetoscopic MMC repair. Avoiding the obstetric risks of open fetal surgery used in the MOMS trial our fetoscopic technique results in favorable obstetric and neurosurgical outcomes.

Intrauterine treatment of fetal blood diseases:

We offer a high volume fetal transfusion service for the mid-Atlantic region. In over 200 procedures performed for treatment of isoimmunization, platelet disorders, hemoglobinopathies and hydrops we had an outstanding procedure related safety record. By addressing the fetal condition prenatally, the majority of our patients are able to deliver at term with their referring institutions.

Amnioinfusion for lethal fetal urinary disease (Clinical trials.gov - NCT03101891):

The Center is enrolling patients with anhydramnios due to fetal renal disease in a prospective treatment protocol developed with the Berman Institute for Bioethics to evaluate the potential benefits of serial amnioinfusion. It is the hope that this intervention will prevent lethal pulmonary disease in these conditions.

Referrals to the Johns Hopkins Center for Fetal Therapy

Outcomes after invasive fetal therapy rely on the experience of the care team as well as expedited access for urgent referrals. Our experienced perinatal nurse coordinators can be reached at 410-502-6561. For urgent referrals our fetal therapy hotline, 1-844-JH-FETAL (1-844-543-8325) provides 24/7 direct physician access. Following determination of the care needs, we will coordinate all aspects of care including:

- Insurance authorization
- Multi-disciplinary fetal evaluation including specialized MRI or 3D CT imaging
- Social support services and coordination of family accommodations
- Transfer of prenatal care to the Center if delivery at Johns Hopkins is required
- Delivery planning, Labor & delivery, NICU and PICU tours
- Specialized follow-up care as appropriate

During all stages of patient management we remain in close contact with our referring providers to ensure seamless integration of all aspects of care.