Texas Children's Pavilion for Women Fetal Center®

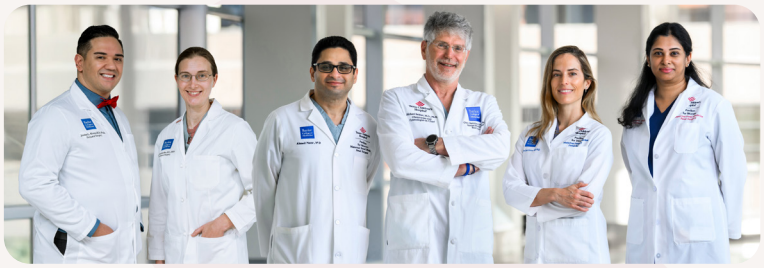
Volumes and Outcomes

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.

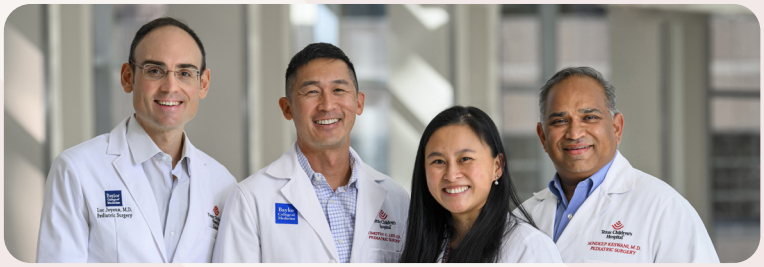
13,000+	35,700+	1,900+
Evaluations	Fetal Echocardiograms	Fetal Intervention Cases

Maternal-Fetal Medicine Fetal Intervention



Left to right: Jessian L. Munoz, MD, PhD, MPH; Cara Buskmiller, MD MS; Ahmed A. Nassr, MD, PhD; Michael A. Belfort, MD, PhD; Magdalena 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

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**.

Texas Children's®
Pavilion for Women

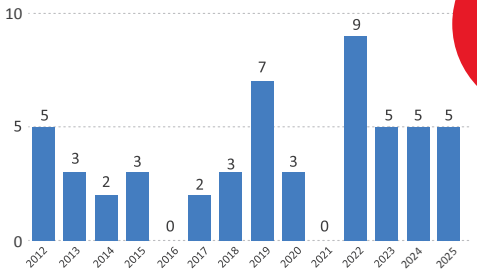
Annual Volumes

1,054	2,792	155
Evaluations	Fetal Echocardiograms	Fetal Intervention Cases

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.

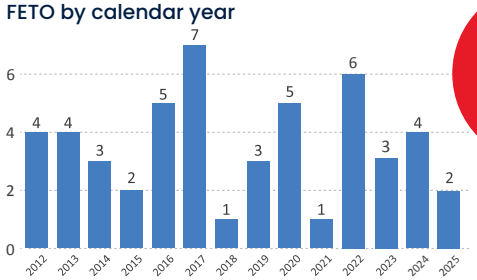
Cardiac interventions by calendar year

52 Cardiac interventions



FETO by calendar year

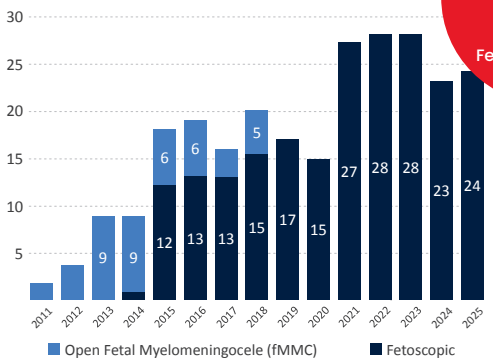
51 FETO



Fetal Endotracheal Occlusion (FETO)

Fetoscopic and Open fMMC by calendar year

44 Open fMMC
216 Fetoscopic fMMC



© 2026 Texas Children's Hospital. All rights reserved. TCH_0410_SMFM_Flyer_2026

Texas Children's Pavilion for Women Fetal Center®

Outcomes

Texas Children's®
Pavilion for Women

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 2025.

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 myelomeningocele (fMMC) repair cases	All fetoscopic cases (n=215)	MOMs trial (n=78)
Gestational age at delivery Median [range] Mean	37 [25.1 - 40.9] 36 ± 3.4	– 34.1 ± 3.1
Preterm premature rupture of membranes <37 weeks gestation	74/211 (35%)	36/78 (46%)
Preterm Delivery <37 weeks gestation <30 weeks gestation	99/204 (49%) 12/204 (6%)	62/78 (79%) 10/78 (13%)
Vaginal delivery	96/204 (47%)	0/78 (0%)
Treatment for hydrocephalus at 12 months or less	67/175 (37%) **	31/78 (40%)

* Excludes 5 IUFDs
** Only includes patients who have reached 12 months of age

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=39)*	Non-Isolated (n=11)
Gestational age at delivery Median [range] Mean	35.95 [30.7 - 40.1] 35.8 ± 2.1	36.1 [32.9 - 38.7] 35.9 ± 1.6
ECMO	13/38 (34%)	6/9 (67%)**
Survival to discharge***	28/38 (74%) ***	5/11 (45%)
Length of stay in NICU (days) Median [range] Mean	81 [30 - 293] 109 ± 70.4	146 [56 - 235] 146 ± 57
Discharged home on oxygen	13/28 (46%)	5/5 (100%)

* 1 IUFD at 33.7 weeks gestation
** 4 neonatal deaths <24 hours of life

New Clinical Trail

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

Twin-to-Twin Transfusion Syndrome (TTTS)

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 (TTTS), selective fetal growth restriction and TAPS. We also offer treatment to those higher order multiple pregnancies like triplets or in monochorionic monoamniotic twin pregnancies.

Overall TTTS Survival

- 90.1% survival of at least one twin
- 67.9% survival of both twins

Survival by Quintero state			
Stage	Two survivors	One survivor	No survivors
I	63 (82.9%)	11 (14.5%)	2 (2.6%)
II	107 (75.4%)	21 (14.8%)	13 (9.2%)
III	145 (59.4%)	69 (28.3%)	29 (11.9%)
IV	15 (57.7%)	7 (26.9%)	4 (15.4%)

Survival by gestational age at procedure			
Gestational age	Two survivors	One survivor	No survivors
16 - 18 weeks	107 (59.4%)	46 (25.6%)	25 (13.9%)
19 - 21 weeks	132 (72.5%)	32 (17.6%)	18 (9.9%)
22 - 24 weeks	65 (67.7%)	26 (27.1%)	5 (5.2%)
25 - 27 weeks	26 (86.7%)	4 (13.3%)	0 (0%)

*Above data excludes Triplets, TAPS, etc. Only includes true TTTS mo/di twins with and without sFGR
57 cases excluded: no 30 day survival outcomes available to us

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.