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SPEAKER 1: Fetal surgeries can be offered for severe congenital anomalies. We have different conditions, nowadays, that we can treat the babies, in utero, before they are born. The main objective is to reduce the risks, the obstetrical risks, so that means reduce the chance of open the uterus.

That means that we want to reduce the risk of uterine rupture, contractions, so that those patient's, they can-- they will be able to have contractions, they will be able to labor. So they will be able to have vaginal delivery. And our goal is to have those patients delivery close to term. So we hope to improve, also, their gestational age that they are going to deliver those babies.

Usually those patients with the spina bifida, for example, or any congenital anomalies, they are diagnosed by ultrasound. So usually we recommend an anatomy scan, fetal anatomy scan, at around 20 weeks. And usually everybody gets it, everybody gets those exams-- that exam.

So the obstetrician and the maternal fetal medicine doctor, who are see those patients, once they diagnose those problems my recommendation is to refer to a center who has-- where we can have a multidisciplinary approach, and then we can evaluate the entire patient. And then we can establish if those patient-- that patient, is or not, a candidate for fetal intervention.

SPEAKER 2: I think that us being able to fix this defect through a less invasive approach, through scopes, effectively, should be a reason to come here.

Make the referral early. We're in a time window where we restrict our interventions for the fetal surgery for spina bifida to be somewhere between 19 and 26 weeks. But it has to be within that window.

So, often when the diagnosis is made it-- we really have to get a lot of steps in the process in place for the surgery to occur. Many team members involved, and the planning really starts rapidly afterwards. So the earlier we know about it, the better.

SPEAKER 1: We have hope that those babies may have a better outcome by these procedures. We know that the situation is tough, is difficult, but we are here to help. And then, sometimes, the fetal surgeries-- the fetal surgery is not the best option. But we are here to provide that support to the families.

Mayo Clinic is considered unique for the situation, for fetal interventions, basically because of-- basically because of the multidisciplinary approach. So we have in this institution all the conditions to offer the best for the patients, mothers-- mothers and babies, or fetuses.

We have maternal fetal medicine doctors, we have OBs, we have obstetricians, we have anesthesiology, we have cardiologists. And then, the communication that we have, we establish as a multidisciplinary approach. We establish as a group. And we-- we see the patients together.

SPEAKER 2: The culture of Mayo Clinic is collaboration, so you have experts in each of their own disciplines working together. So, in this specific scenario, you have a mother who's pregnant with a fetus diagnosed with a neurological condition. And, you think about all the different specialists that you need involved.

You need a specialist for the mother. You need a specialist for the fetus, who has the neurological condition. You need a specialist to provide the anesthesia, for the mother, and then someone to provide the anesthesia for the fetus. And then you have to think about who's going to care for the baby, overall, after the baby's born, and then the long term needs of the baby.

I mean, think about how many fields that you're talking about. And, so, one provider cannot manage all of this. And, I think it's very fitting for Mayo Clinic, who has experts in all these different fields, and encourages the collaboration between all the different caretakers to come together.

And there is no solo player here. We're all working together as a team. And I think this is a perfect example of how it works.

You know, when you ask, why-- why do we enjoy doing fetal surgery, it's the fact that I like interacting with the families. I liked interacting with expectant mother.

And, when they're faced with the decision about doing this surgery, they could, a, choose the traditional path of having the baby, the baby undergoes all these interventions and potentially has a completely different life. Or, the mother then decides to have the surgery done by Dr. [INAUDIBLE] and myself.

And, when the mothers then decide, well, if there's a potential benefit to my baby, who is not even born yet, and I can do something about it and have surgery done on myself, then, hands down, we find that the mothers will say yes. They will make that decision, without a question.

And, I always step back and realize the bravery of the family, the mother, the father, and everybody involved, that they're going to put their lives, literally, on the line, for the outcome of the baby.