Johns Hopkins Center for Fetal Therapy

As one of the only centers in the nation with both top-ranked maternal and pediatric services under one roof, the Johns Hopkins Center for Fetal Therapy prioritizes maternal and fetal safety, achieving excellent outcomes for the most complicated cases.

Our experts are at the forefront of fetal diagnosis and therapy providing compassionate care throughout the patient’s journey. Our approach allows for seamless, comprehensive and coordinated care utilizing an individualized diagnostic and care plan. We have the ability to perform any necessary fetal intervention, as well as EXIT, and other complex deliveries. After delivery, the neonatal intensive care unit is located on the same floor as the maternity unit within the state-of-the-art Johns Hopkins Children’s Center.

I-844-JH-FETAL (I-844-543-8325)
When you call, we answer.
SOLOMON LASER FOR TTTS

- Overall infant survival: 94%
- Double infant survival (all stages): 78%

FETOSCOPIC TRACHEAL OCCLUSION FOR CONGENITAL DIAPHRAGMATIC HERNIA

- Infant Survival: 81%
- Planned delivery after 37 weeks: 62%

FOLLOWING FETAL CLOSURE OF SPINA BIFIDA

- Ventricular shunting within 1 year of life: 80%
- Ambulating independently: 40%
- Prenatal reversal of hindbrain herniation: 38%

SERIAL AMNIOINFUSION TREATMENTS FOR EARLY RENAL ANHYDRAMNIOS

- 14 day survival to dialysis access: 82%
- Survival to discharge home: 35%

TRANSFUSION OR EXCHANGE TRANSFUSION TREATMENTS

- Resolution and infant survival of anemia-related hydrops: 77%
- Resolution and infant survival in all types of hydrops: 57%
- Planned delivery after 34 weeks with fetal isoimmunization: 88%

Infant survival after treatment for obstructive uropathy: 71%

Successful treatment of fetal or placental tumors: 78%

Infant survival after shunting for hydrothorax: 67%