Fetal Open Neural Tube Defect

- Myelomeningocele
- Meningocele
- Rachischisis Defect
- Encephalocele
- Lipomeningocele
- LETHAL ANOMALY
  - Anencephaly
  - Exencephaly
  - Cranioschisis
  - Hydrocephaly

Targeted Ultrasound

Genetic Counseling
Consider Amniocentesis for Karyotype and Reflex MicroArray Testing
Consider Free Fetal DNA if patient opts to forego Amniocentesis
If it is clearly an ONTD by ultrasound, AF-AFP and AF-AChE tests are not necessary

Review pregnancy options
Continue Pregnancy
Meet Exclusion Criteria for In Utero Repair
CMHI Referral
Neurosurgery, PM&R, NICU, MFM, Echo, plan UNC Delivery

Review pregnancy options
Continue Pregnancy
TOP
Contact Family Planning Division
Meets Inclusion Criteria (without exclusion criteria met) for in utero repair
CMHI Referral to Maya Lindsey specifically

Review pregnancy options
Continue Pregnancy
CMHI Referral
Neurosurgery, NICU, MFM, Echo plan UNC Delivery

Review pregnancy options
TOP
Contact Family Planning Division
Fetal Surgery for Myelomeningocele Guidelines

Inclusion Criteria
1. Myelomeningocele at T1 through S1
2. Gestational age at initial screening of < 25 weeks 1 day
3. Normal fetal karyotype

Exclusion Criteria
1. Normal posterior fossa
2. Multifetal pregnancy
3. Insulin dependent pregestational diabetes
4. Fetal anomaly not related to the myelomeningocele
5. Oligohydramnios by Maximum vertical pocket < 2.0 cm
6. Fetal kyphosis of 30 degrees of more at the level of the spina bifida; kyphosis elsewhere may not exclude the patient
7. Placenta previa or abruption this pregnancy
8. Active heavy bleeding
9. Short cervix < 2.0 cm by 24 weeks
10. Maternal Isoimmunization with antibody associated with hemolytic disease or Kell.
11. Maternal HIV or Hep B positivity
12. Potentially if large myoma or uterine abnormality—case by case
13. Maternal BMI > 38.0
14. Other maternal medical conditions that make general anesthesia or surgery contraindicated.

References


Revised April 2012

Notification to Users

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.