



# **Fetal Surgery for Myelomeningocele Guidelines**

#### **Inclusion Criteria**

- 1. Myelomening ocele at T1 through S1
- 2.Gesetational 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 myelomening ocele
- 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

- Adzick NS, Thom EA, Spong CY, Brock JW, Burrows PK, Johnson MP, Howell LJ, Farrell JA, Dabrowiak ME, Sutton LN, Gupta N, Tulipan NB, D'Alton ME, Farmer DL, MOMS Investigators A randomized trial of prenatal versus postnatal repair of myelomeningocele. N Engl J Med. 2011 Mar 17; 364(11):993-1004
- 2. Harmath Á, Hajdú J, Csaba Á, Hauzman E, Pete B, Görbe É, Beke A, Papp Z. 2006. Associated malformations in congenital diaphragmatic hernia cases in the last 15 years in a tertiary referral institute. Am J Med Genet Part A 140A:2298–2304.

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## 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.