

CONGENITAL DIAPHRAGMATIC HERNIA: PERINATAL AND NEONATAL OUTCOMES

MIDWEST FETAL CARE CENTER OVERVIEW

The Midwest Fetal Care Center (MWFCC), a collaboration between Allina Health and Children's Minnesota, brings together a multidisciplinary team of highly trained maternal-fetal medicine experts from Allina Health and pediatric and neonatal specialists from Children's Minnesota. Open since 2008, the MWFCC is a national referral center and national leader in fetal diagnosis, fetal intervention and comprehensive fetal care for unborn babies with abnormalities.

The center was started to meet regional fetal care needs and has quickly grown into a national center with world-class outcomes. The MWFCC evaluates approximately 3,000 patients per year.

CDH + MWFCC

Children's Minnesota and the Midwest Fetal Care Center have been caring for patients with [congenital diaphragmatic hernia \(CDH\)](#) for many years. Our team of top medical professionals assist in the medical care of the baby before and after delivery.

A summary of the perinatal and neonatal clinical outcomes data for treatment of CDH at our hospital is presented here. Our goal is to provide our patients and their families with the latest CDH patient outcomes data to support informed decision-making.

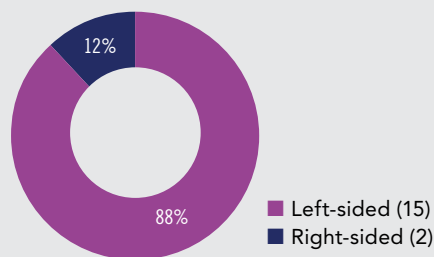
PERINATAL AND NEONATAL OUTCOMES

CDH can be classified as mild, moderate, or severe based on the fetal ultrasound-measured lung volume. Since 2022, our center has cared for 17 patients with moderate or mild CDH, 15 left-sided and 2 right-sided. The average gestational age at birth is approximately 37 weeks, with a survival rate from birth to discharge of 94% (16/17 babies).

Babies born with CDH require special care at birth and surgical repair of their diaphragm. Please [click here](#) for more information about our treatment for CDH. At Children's Minnesota, our CDH patients are admitted to specialized neonatal care (neonatal intensive care unit [NICU] or special care nursery [SCN]) at birth, and typically undergo surgical repair at 3-4 days old. On average, our CDH patients are extubated around 20 days of life and with a total length of stay in the hospital around 100 days. Approximately 40% of surviving CDH babies are discharged home from the hospital with a feeding tube, and 25% required some sort of respiratory support (nasal canula 20%, ventilator 5%).

For patients that need extra care, extracorporeal membrane oxygenation (ECMO) treatment may be used. ECMO has been used in roughly 24% of our CDH cases, and lasted an average of 9 days. We are proud that Children's Minnesota has received the Extracorporeal Life Support Organization Award for Excellence in Life Support. This national award recognizes superior patient care, physician and staff training, continuing education, collaboration and communication.

Patients cared for with congenital diaphragmatic hernia (CDH)



94% survival rate from birth to discharge

CDH patients that require extracorporeal membrane oxygenation (ECMO) support

24% patients required ECMO support **9** average days of ECMO

Our goal is to provide our patients and the community the latest patient outcomes data to support informed decision making. We encourage you to reach out to other health care systems to request and review their outcomes data in order to utilize the information available when evaluating health care options.