

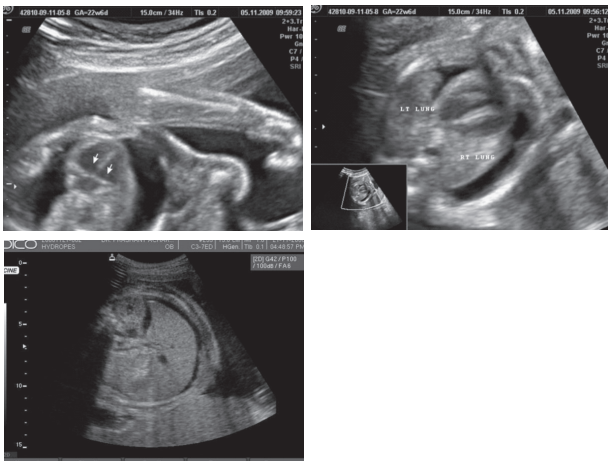
4. Not more than one fluid-filled cavity especially absence pleural Effusion
5. Absence of cardiomegaly (Normal biventricular diastolic outer dimension)

The long-term outcome of survivors of NIH is difficult to predict, may be associated with following neurological conditions

1. Hypoxic-ischemic lesions, mostly in the white matter of the brain
2. Psychomotor delay
3. Cerebral palsy.
4. Sequel of Prematurity
5. Sequel of associated cardiac and other congenital malformations.

SUMMARY

Although there have been many advances in our understanding of the causes of fetal NIH, it remains a difficult clinical problem.. Once the diagnosis of NIH is established, a careful search for causative fetal pathology should be undertaken. Unfortunately, the results of such a search may not be available when difficult management decisions need to be made. Recent advances in fetal therapy have increased the number of fetal conditions for which treatment is possible. However, the overall rates of morbidity in mother and fetus, and of mortality in the fetus, remain high.



WELCOME TO OUR CENTRE

The majority of our patients are seen within one hour of arriving. We give opportunity to discuss at length her concerns about her pregnancy.

Patient will receive counselling concerning their options and it is important that she take as much time as she need to reach a decision in favour or against an invasive test. Please feel free to ask any questions and discuss any concerns you may have.

All the preliminary scan will be carried out by me only. I will perform the scan and the invasive procedure.

After patient has left our centre, if there are any unresolved questions, please write to me or contact me and leave a message, I will call you back if required.

Outcome of pregnancy

Outcome information is important for the audit of our service and for our continuing research in fetal medicine. Patient will be given an outcome form and I would be grateful if you would complete and return it to us. We may also need to contact you or your patient or hospital to obtain further details. All information received will be treated as confidential and anonymised data may be used for our research. If you have any objections to this, please let us know during your visit.

Dr. Prashant Acharya
PACFM



PARAS

ADVANCED CENTER FOR FETAL MEDICINE

4D Sonography, Color Doppler & Endoscopy Centre

**FETAL CARE | ULTRASOUND
GENETICS | CHEMICAL MARKERS
HIGH RISK OBSTETRICS CARE**

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Fetal Medicine Foundation of India

PARAS

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WE HONOUR REFERENCES FOR

- Chorion Biopsy
- Amniocentesis
- Fetal Cordocentesis
- Fetal Reduction
- Amnio infusion / drainage / amniopatch
- Fetal Blood Transfusion
- Fetal Shunt Procedure
- Fetal Liver/Skin/Muscle Biopsy
- Detection of Chromosomal Anomalies
- "Recurrent Pregnancy Loss" - complete evaluation
- Genetic Counseling
- Comprehensive evaluation of Fetus at risk
- Once "USG abnormality detected" - What next?
(counselling and further management of mother or fetus)

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NONUMMUNE HYDROPS FETALIS