



## **Fact Sheet: The Growth of Maternal-Fetal Medicine and Fetal Care Centers in the United States**

July 2022

Advancements in science and medicine over the past 50 years have paved the way for the “Perinatal Revolution”—recognizing the unborn child as a separate patient and offering life-saving care before birth. These changes did not happen overnight. In years past, obstetricians had to rely on maternal reports of fetal movement because there was no ultrasound technology available to see the unborn child inside the womb. Even in the early ’70s, ultrasound technology was poor, consisting of grainy black and white dots that could barely detect the head of an unborn child, let alone identify birth defects and problems in pregnancy.<sup>i</sup>

Over the years, significant developments in ultrasound technology and fetal imaging, followed by advances in prenatal diagnosis, combined with discoveries in anesthesia for relieving fetal pain and refinements in surgical technology, ushered in the field of maternal-fetal medicine and fetal surgery. Today, we have an unobstructed view inside the womb of the developing unborn child, which not only unveils the humanity of every life but allows physicians to diagnose conditions and manage life-saving care with greater precision and confidence. Birth defects once considered life-threatening, and debilitating are now identified much earlier in gestation, and many can be corrected via *in utero* surgery at major medical institutions throughout the United States. Such innovations have resulted in increased fetal survival, improved quality of life, and a significant reduction in the standard age of viability.

Because of modern medicine, extremely premature babies are now surviving at new records of 21-weeks’ gestation—a little over halfway through a standard 40-week pregnancy duration.<sup>ii</sup> Infant mortality has declined and neurodevelopmental impairment among surviving infants has been reduced.<sup>iii</sup> Medical teams work to save children at 21-22 weeks gestation and have found that survival rates for babies born (22 to 23 weeks’ gestation are significantly higher in hospitals with maternal-fetal medicine physicians and specialized equipment.<sup>iv</sup> There are currently over 80 hospitals in the United States reported to assist babies born at 22 weeks gestation.<sup>v</sup>

With such rapid expansion of the subspecialty field of maternal-fetal medicine and establishment of numerous fetal care centers over the last few decades, the contrast between two

ideological world views in this post-*Dobbs* era could not be more evident—states and institutions that protect the violent destruction of unborn children by abortion versus the states and institutions that preserve the humanity of unborn children via medical treatment and advanced care. With one set of deadly tools, abortionists kill unborn children, and with another set of instruments, physicians perform life-saving surgery and treat some of the most vulnerable patients in our nation. Below, we highlight growth of the latter, where *real* healthcare takes center stage to offer life and hope to those in desperate need of care.

### **The Growth of Maternal-Fetal Medicine (MFM)**

- In 1974, the first group of **16** physicians were certified for special competence in maternal-fetal medicine by the American Board of Obstetrics and Gynecology (ABOG).<sup>vi</sup>
- In 2010, there were **1,355** MFM subspecialists in the United States. On average, there was one MFM subspecialist for every 24 general obstetrician-gynecologists and one MFM for every 3,150 births.<sup>vii</sup>
- Today, there are **1,587** MFM subspecialists in the United States, a **17%** increase over 12 years, with one MFM specialist for every 14 general obstetrician-gynecologists and one MFM for every 2,277 births.<sup>viii</sup>
- Some states have shown tremendous **growth** from 2010-2022 in the number of MFM specialists:<sup>ix</sup>
  - Alaska (150%)
  - Delaware (100%)
  - District of Columbia (**400%**)
  - Idaho (133%)
  - Montana (100%)
  - North Dakota (**300%**)
  - Virginia (**600%**)
  - Wisconsin (**325%**).
- The highest number of MFM specialists are in the most populous states including California (179), New York (140), Texas (137), Florida (80), and Pennsylvania (68).
- There are **125** perinatal hospice programs, a subspecialty within MFM in the United States, with more than 70% of total programs being less than 10 years old.<sup>x</sup>

### **The Growth of Fetal Care Centers**

- In 1981, the first open fetal surgery was performed in the United States by Dr. Michael Harrison at University of California, San Francisco (UCSF), placing a vesicostomy in a fetus with a urinary obstruction.<sup>xi</sup>
- The first textbook was published in the field, *Unborn Patient: Prenatal Diagnosis and Treatment* (1984), marking a new path for training the next generation in treating the unborn child as a separate patient.
- Maladies now treatable with interventions that hadn't been invented or performed before the *Roe v. Wade* decision in 1973 include ones treatable with open fetal surgery: [spina](#)

[bifida](#) (1997),<sup>xii</sup> [sacrococcygeal teratoma](#) (1996)<sup>xiii</sup> [congenital cystic adenomatoid malformation](#) (1995)<sup>xiv</sup> and [twin-to-twin transfusion syndrome](#) (TTTS) (1988).<sup>xv</sup>

- The first groundbreaking clinical trial for treating spina bifida before birth was *so successful* that the trial was stopped early, so that treatment could be offered to all babies.<sup>xvi</sup>
- Fetal surgery for twin-to-twin transfusion syndrome (TTTS) has been successfully performed as early as **15 weeks gestation** with fetoscopic laser ablation.<sup>xvii</sup>
- When given active care at 14-24 weeks gestation, at least one of the babies in 90% of cases survives fetal surgery to correct the TTTS defect and more than 80% of both babies survive the corrective procedure.<sup>xviii</sup>
- The average size of the organs operated on during fetal surgery is ½ inch.<sup>xix</sup>
- Today (in 2022), there are **37** medical centers in the United States that perform advanced *in-utero* fetal therapeutic procedures. There are centers located across **21** states and **31** cities.<sup>xx</sup>
- Compelling, visual evidence of the growth and impact of fetal surgery is the side-by-side comparison of photos of the Children’s Hospital of Philadelphia (CHOP) annual Fetal Family Reunion from its first fetal surgery patient reunion in 1997 and its most recent one, the 26<sup>th</sup>, in 2022.<sup>xxi</sup>



1997 Fetal Family Reunion; Image Credit: CHOP



2022 Fetal Family Reunion; Image Credit: CHOP

<sup>i</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3987368/>

<sup>ii</sup> <https://www.guinnessworldrecords.com/news/2021/11/worlds-most-premature-baby-defies-sub-1-survival-odds-to-break-record-681851>

<sup>iii</sup> <https://pubmed.ncbi.nlm.nih.gov/31179670/>, pg. 14; **Improved survival and neurodevelopmental outcomes among extremely premature infants born near the limit of viability - PubMed (nih.gov)**

<sup>iv</sup> To learn more, visit: <https://lozierinstitute.org/dive-deeper/saving-extremely-premature-babies/>;

<https://lozierinstitute.org/dive-deeper/fetal-surgery-treating-babies-before-they-are-born/>, and

<https://jamanetwork.com/journals/jamapEDIATRICS/fullarticle/2524795#:~:text=In%20total%2C%2058%20of%2086,at%2023%20weeks%20of%20gestation>

<sup>v</sup> <https://www.22weeker.com/hospitalsconfirmedtoassist22weekers>

<sup>vi</sup> [https://s3.amazonaws.com/cdn.smfm.org/media/1849/Society\\_for\\_Maternal-Fetal\\_Medicine\\_\(1\).pdf](https://s3.amazonaws.com/cdn.smfm.org/media/1849/Society_for_Maternal-Fetal_Medicine_(1).pdf)

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- vii <https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0032-1316445>
- viii <https://www.smfm.org/members/search>; <https://www.bls.gov/oes/current/oes291218.htm>;  
<https://www.cdc.gov/nchs/nvss/births.htm>
- ix <https://www.smfm.org/members/search>; <https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0032-1316445>. Accessed July 2022.
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- xii <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3963040/>
- xiii <https://www.chop.edu/stories/sacroccygeal-teratoma-sct-avas-story>
- xiv <https://www.chop.edu/stories/congenital-cystic-adenomatoid-malformation-ccam-roberto-s-story>
- xv <https://lozierinstitute.org/dive-deeper/fetal-surgery-treating-babies-before-they-are-born/> and <https://www.sciencedirect.com/science/article/pii/S2213307012000342>
- xvi <https://www.nejm.org/doi/full/10.1056/nejmoa1014379>
- xvii <https://www.sciencedirect.com/science/article/pii/S0002937812020820?via%3Dihub> and <https://obgyn.onlinelibrary.wiley.com/doi/10.1002/uog.13375>
- xviii <https://lozierinstitute.org/dive-deeper/fetal-surgery-treating-babies-before-they-are-born/>
- xix <https://www.chop.edu/health-resources/fetal-surgery-infographic>
- xx <https://www.naftnet.org/naftnet-members/naftnet-centers/>
- xxi <https://www.chop.edu/events/fetal-family-reunion>