



Department of fetal Medicine and Genetics

Introduction

At Nanda Diagnostics we provide a one stop solution for a pregnant woman, offering high quality 4D ultrasound, including **NTNB** ultrasound with combined risk calculation of Trisomy 21, 18 & 13, along with risk of preeclampsia and fetal growth restriction. **Level II** ultrasound with risk calculation of Down's Syndrome, advanced **Fetal Echo** with structural & functional assessment of fetal heart and monitoring of fetal growth with growth and percentile charts to look for the growth trajectory from early pregnancy to term.

Our lab services are NABL accredited since year 2008 and is fully equipped to perform all routine and special tests related to pregnancy including double & quadruple markers on Delfia Platform, a platform recommended by **Fetal Medicine Foundation**.

We have in-house facility of fetal medicine and genetic consultation along with procedure like **CVS**, **Amniocentesis**, **fetal reduction** and **fetal autopsy**. We also collect samples for **NIPT**.



Who all need fetal Medicine/ Genetic counseling?

1. High risk for genetic disorders like down syndrome in current pregnancy
2. Any structural abnormality on pregnancy ultrasound
3. Baby growth is less
4. Previous baby affected with genetic disorder
5. Parents have genetic disorder like thalassemia or carrier of genetic disorder
6. Multiple pregnancies like triplets

Fetal Reduction

When women is pregnant with more than two fetuses, it is called higher order multiple pregnancies. In such cases it is advisable to reduce the number of fetuses to two or one to decrease the risk of fetal as well as maternal complications.

What is multifetal reduction?

This is defined as the procedure in which one or two fetuses are reduced inside the womb by injecting a drug or using energy sources like laser (depending upon the type of placental sharing) multifetal reduction is usually done in high order pregnancies (i.e. presence of three or more fetuses inside the womb)

What are the benefits of the procedure?

Higher order pregnancies have increased rate of complications for mother like higher chances of having high blood pressure, deranged sugar or low hemoglobin during pregnancy, as well as for fetus like increased risk of preterm delivery, low birth rate and more NICU admission. Fetal reduction decreases the rate of all these complications.

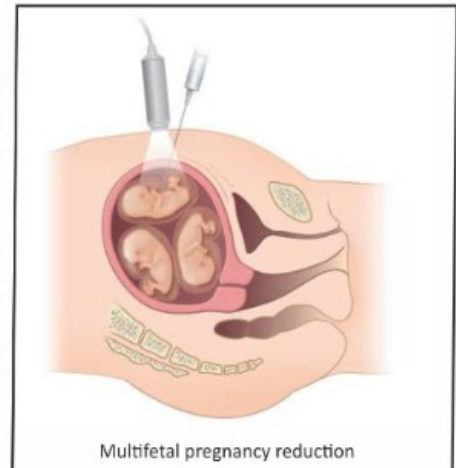
When and how fetal reduction is done?

It is usually done in 11 to 13 weeks of pregnancy, after nuchal scan when any major structural defect or chromosomal abnormality in the fetuses can be detected. Also, there are higher chances of spontaneous reduction till 12 to 13 weeks in the higher order multiple pregnancies. Though fetal reduction can be done after 13 week as well, the risk associated with the procedure increases as the gestation advances.

In cases where all fetuses have different placenta (like tri-chorionic pregnancies), it is done by inserting a needle inside the womb through mother's tummy, under ultrasound guidance and then injecting a drug (like potassium chloride) into the fetal heart which is to be reduced. However in cases where fetuses share placenta (like mono-chorionic pregnancies) Energy sources like laser is used to stop the fetus heart, which is again given by inserting a needle through mother's tummy. Fetal reduction is done under local anesthesia.

What are the risk associated with the procedure?

Usually, there is 7-10% risk of miscarriage associated with the fetal reduction. Risks vary depending upon the number of fetuses reduced, gestational at reduction and individual factors like bleeding or high risk of infection.



Fetal Autopsy

Fetal autopsy is done to make a complete diagnosis including confirmation of structural abnormality diagnosed on ultrasound and also chromosomal studies can be carried out in an aborted fetus in conditions which are not compatible with life.

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Where quality is a way of life

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