

2023 FALL NEWSLETTER

Welcome to FHS new President!

I am deeply honored to assume the role of President of the Fetal Heart Society. As we embark on this journey together, I am filled with excitement and enthusiasm for the meaningful work that lies ahead. Our collective dedication to advancing fetal cardiovascular care and research will continue to guide our path forward. In this new age of global pandemics and open AI, we as a Society are well positioned to be the go-to thought leaders in fetal cardiovascular care. I personally am envisioning a transformation in our field on the horizon- in fact, I thought I would let chatGPT help me a bit with this message—so here it goes! (Sincerity, though, is all mine)



First and foremost, I want to express my gratitude to Mary Donofrio, our Past President, for all she has given the Society since its founding 8 years ago. We truly would not have come this far without her tenacity, will, and general herding skills. Thanks also to all of you for entrusting me with this position. The Fetal Heart Society has grown over the years to become a beacon of excellence, fostering collaboration and innovation within our field. I am committed to building upon this strong foundation and leading our Society to even greater heights.

Over the years, our Society has made significant strides in understanding and addressing complex issues related to fetal heart conditions. Our tireless efforts have not only improved prenatal diagnoses but have also enhanced treatment options and outcomes for our tiny patients and their families. As we move forward, we must remain steadfast in our commitment to research, education, and advocacy to further the progress we have achieved.

One of my primary goals during my tenure as President is to promote a culture of inclusivity and collaboration within our Society. We have members from diverse backgrounds, disciplines, and regions, and each of you brings unique perspectives and expertise to the table. To this end, we are introducing in 2023 special membership rates to residents of designated World Bank low- and middle-income countries. By embracing diversity and fostering open dialogue, we hope to unlock new avenues of discovery and strengthen the impact of our collective efforts.

As technology continues to evolve, we must embrace innovative approaches to advance fetal heart care. This includes harnessing the power of telemedicine, artificial intelligence, and digital health platforms to optimize prenatal diagnosis and remote consultations. By staying at the forefront of these developments, we can enhance access to care and streamline processes for the benefit of our patients and their families. We will be investing even more in infrastructure over the next three years, with a new website, new management, and expanded research and education resources. Institutional sponsorships are at an all-time high, and I will be appointing a new Chair of Sponsorship and Philanthropy to keep this trend on the upswing.

Education is another cornerstone of our society's mission. As President, I will champion initiatives that promote knowledge sharing, mentorship, and professional development. Highlighting this effort will be the new Mentorship committee and the newly formed Sonographer special interest group. By investing in the next generation of fetal cardiovascular experts, we can ensure a strong future for our field and make lasting contributions to healthcare.

Lastly, I want to emphasize the importance of advocacy. By advocating for increased awareness, funding, and support for fetal heart research and care, we can drive positive change and impact policy decisions that shape our field's landscape.

In conclusion, I look forward to collaborating with each and every one of you in the coming years. Together, we will continue to push the boundaries of fetal cardiovascular care, making a difference in the lives of countless families around the world. Your dedication and passion inspire me, and I am confident that our shared vision will lead us to remarkable achievements.

Thank you for the privilege of serving as your President. Let us work hand in hand, united in our purpose, to make a lasting impact on fetal heart health.

OK, that last paragraph is all AI... but I must say it captures my sentiments exactly. Here's to the FHS and to all of us!

Sincerely,
Anita J. Moon-Grady MD
President, Fetal Heart Society

Welcome the New FHS Management Team!

Dear Fetal Heart Society Members,

We are excited to share that as of October 1, 2023, the FHS Board of Directors has partnered with Global Management Partners (GMP) to provide management support services to FHS. We look forward to the personalized support GMP will provide to our organization, our programs, and our members.

About Global Management Partners - [click here to visit their website](#)

- GMP Vision: To make a positive impact globally by sharing our expertise, skills, and resources with our partners.
- GMP Mission: To empower our clients to thrive, grow and advance their missions through long term partnerships to reach their fullest potential.

About your new Executive Office

GMP has been hard at work this last month learning about the activities and culture of our Society. The Executive Office team listed below have been working behind the scenes to assist with the management transition, and in fact, many of you may have interacted with them. Our new FHS Team looks forward to providing personalized attention to our membership and are dedicated to utilizing their broad skills and experiences to grow and advance the mission of FHS.

The admin@fetalheartsociety.org email address can be used for all general inquires. The Executive Office will redirect the email and/or respond.

FHS Executive Office Mailing Address:

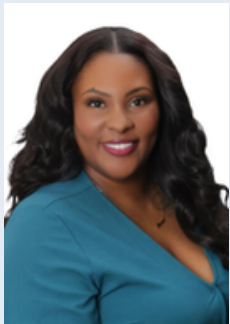
Fetal Heart Society, 1935 County Road B2 W, Ste 165,
Roseville, MN 55113

Please begin communicating directly with them for information and assistance.

Sincerely,

Anita J. Moon-Grady, MD, FAAP, FACC
FHS President

Executive Director: Monae Redmond



Monae has over 13 years of professional association experience. She recently served as Director of Membership for the International Interior Design Association with over 15,000 members spread across 58 countries. While there, she managed the association's chapter grant program, various awards programs, board governance and nominations, recruitment and retention of members, member invoicing, annual conference planning, and volunteer engagement. She is passionate about creating an enjoyable and welcoming environment, diversity and inclusion, and being a trusted resource for members and volunteers.

Monae is a Chicago native, and holds an MBA from Roosevelt University. She is a member and active volunteer of ASAE, and Association Forum, and recently joined AMCI and Associations North. She was named an Association Forum Forty Under 40 Award recipient in 2019. In her spare time, Monae enjoys traveling, swimming, decorating, spending time with family and friends, and exploring new restaurants/activities in Chicago. Her 5 year old son also keeps her pretty busy with baseball practice and swimming lessons throughout the week.

monae@fetalheartsociety.org

Membership & Communication Manager: Harrison Redepenny



Harrison was born in North East Minneapolis, growing up in Anoka, Minnesota, attended and graduated from The University of Wisconsin – Eau Claire (UWEC), and now currently lives back in Minneapolis, Minnesota with his wife and 7 month, golden retriever puppy, Jefferson. Harrison is a 2020 graduate from UWEC, majoring in Business Management, minoring in English Critical Studies, and receiving two certificates in Communications and Leadership Studies.

A few, quick fun facts. Harrison is a huge Vikings and Twins fan, Star Wars nerd, active cross country runner, and follower of Christ.

Harrison has worked with 5 different non-profit societies, as well as been asked to attend various other non-profit meetings, so he feels very comfortable in the non-profit sector, and loves communicating with members and making sure they have everything they need to be successful.

admin@fetalheartsociety.org

8th World Congress of Pediatric Cardiology and Cardiac Surgery and 3rd FHS Scientific Session Recap!



2023 Fetal Heart Society
3rd Scientific Session

The international fetal cardiology community gathered in Washington DC on August 27, 2023 for the Fetal Heart Society 3rd Annual Scientific Session in conjunction with the 8th World Congress of Pediatric Cardiology and Cardiovascular Surgery (August 27 to September 1, 2023). It was the first time for the World Congress to incorporate a Fetal Cardiology track in the conference with 265 physicians, nurses, sonographers, researchers, and other healthcare professionals from 34 countries registered. There was standing room only for the fetal cardiology sessions highlighting the excitement and interest in the field. The World Congress educational program was crafted by an international organizing committee co-chaired by Drs. Mary Donofrio (FHS Past President), Anita Moon-Grady (FHS President), and Jack Rychik (FHS Past Secretary). The FHS Scientific Session was co-chaired by the FHS conference committee including Drs. Mary Donofrio, Chris Lindblade (FHS Secretary), and Nelangi Pinto (FHS Vice President). Presentations ranged from fundamentals of prenatal imaging and counseling in congenital heart disease, fetal cardiac therapy and intervention, perinatal palliative care, in utero cardiac development, and hot topics in fetal cardiology. In a special moment, Dr. Moon-Grady honored Dr. Donofrio for her many years of service as FHS Founding President and dedication to the field of fetal cardiology.

Dr. Anna Seale from the United Kingdom was the senior author of the best fetal cardiology abstract for her abstract entitled, "Prenatal Right and Double Aortic Arch: A Population Based Study". This is a prestigious honor as 137 fetal cardiology abstracts were submitted and reviewed with only nine selected for oral abstract presentation during the 8th World Congress. Dr. Donofrio, pictured here with Dr. Seale, co-moderated the Fetal Cardiology Abstract session with a lively, interactive discussion throughout the session. The FHS Board of Directors also pictured here, with nearly all in attendance, was thrilled to encourage this ongoing international fetal cardiology research, as it serves as one of our Society's missional pillars.

Please join us for the FHS January 11, 2024 webinar when invited fetal cardiology faculty will discuss their educational presentations and research presented at the 8th World Congress. You don't want to miss it!



Pictured from left to right (Mary Donofrio, Anna Seale)



Pictured from left to right (Shaine Morris, Anita Moon-Grady, Mary Donofrio, Lisa Hornberger, Nelangi Pinto, Bhawna Arya, Chris Lindblade)

Save the Date for FHS 2024!

The Fetal Heart Society's 4th Annual Scientific Session will take place Thursday, November 7, 2024 in Phoenix, Arizona at the Downtown Phoenix Sheraton. This will be a pre-conference of the 14th Annual Phoenix Children's Fetal Cardiology Symposium.

2024 Fetal Heart Society
4th Scientific Session

Upcoming Meetings and Webinars!

RESEARCH COLLABORATIVE COMMITTEE (RCC) MEETING INFORMATION

Discover the Heart of Innovation Every Third Thursday

Join us for a journey into the world of groundbreaking research and collaborative exploration at the Fetal Heart Society's Monthly Meetings. Every third Thursday of each month, our esteemed members come together to share the latest updates on their cutting-edge research projects, delving into the intricate realm of fetal heart studies. Next Meeting will be November 16th

2024 RCC MONTHLY MEETINGS

Mark Your Calendar! (Every third Thursday)

- Jan 18, 6pm ET
- Feb 15, 8pm ET
- Mar 21, 6pm ET
- April 18, 8pm ET
- May 16, 6pm ET
- June 20, 8pm ET
- July 18, 6pm ET
- Aug 15, 8pm ET
- Sept 19, 6pm ET
- Oct 17, 8pm ET
- Nov 21, 6pm ET
- Dec 19, 8pm ET



WEBINARS

We're thrilled to continue the Fetal Heart Society Monthly Webinar series – your gateway to innovative insights in fetal cardiology. Thank you for tuning in, engaging, and making this series a success!

Why Attend?

1. Relevant Insights: Our webinars feature leading experts in fetal cardiology who will share their wealth of knowledge and experience. Stay ahead of the curve with discussions on the latest research, technological innovations, and clinical best practices.

2. Interactive Learning: Engage in meaningful discussions and Q&A sessions with our distinguished speakers. This is your chance to connect with experts, ask questions, and share insights with fellow professionals from around the world.

3. Diverse Topics: Each month, we will explore a diverse range of topics within fetal cardiology, ensuring that our webinars cater to the varied interests and expertise of our audience.

The next FHS webinar will take place Thursday, December 14th at 8:30pm eastern time. Click the image on the right to register!

2024 WEBINAR DATES

Mark Your Calendar for every 2nd Thursday.

- Jan 11, 8:30pm ET
- Feb 8, 8:30pm ET
- Mar 14, 8:30pm ET
- April 11, 8:30pm ET
- May 9, 8:30pm ET
- June 13, 8:30pm ET
- July 11, 8:30pm ET
- Aug 8, 8:30pm ET
- Sept 12, 8:30pm ET
- Oct 10, 8:30pm ET
- Nov 14, 8:30pm ET
- Dec 12, 8:30pm ET



<https://fetalheartsociety.org>

Fetal Heart Society presents:

Diagnostic and Management Challenges of Congenitally Corrected TGA

Thursday, December 14, 2023

17:30 Los Angeles 20:30 New York 01:30 November 10 - London

A FREE one-hour educational webinar.
The session will be recorded and available for viewing on the FHS website.

Case Presenters



Aaron Phillips, MD
Advanced Imaging Fellow,
Pediatric Cardiology
Lucile Packard Children's
Hospital at Stanford



David Barris, MD
Advanced Imaging Fellow,
Pediatric Cardiology
Mount Sinai Kravis
Children's Hospital

Speakers



Jennifer Cohen, MD
Director of
Pediatric/Congenital CT
Mount Sinai Kravis Children's
Hospital



Deborah Ho, MD
Director, Complex
Biventricular Reconstruction
Program
Lucile Packard Children's
Hospital at Stanford

Register in advance for this webinar:
<https://tinyurl.com/34cnd9zu>



FHS Research in Press!

Congenitally Corrected Transposition of the Great Arteries: Fetal Diagnosis, Associations, and Postnatal Outcome: A Fetal Heart Society Research Collaborative Study

Journal of the American Heart Association June 2023

Jennifer Cohen MD; Bhawna Arya MD; Richard Caplan PhD; Mary T. Donofrio MD; Dina Ferdman MD; Jamie K. Harrington MD; Deborah Y. Ho MD, MPH; Whitnee Hogan MD; Lisa K. Hornberger MD; Simone Jhaveri MD; Stacy A. S. Killen MD, MSCI; Christopher L. Lindblade MD; Erik Michelfelder MD; Anita J. Moon-Grady MD; Sheetal Patel MD, MSCI; Emilio Quezada MD; Christina Ronai MD, MEd; Aura A. Sanchez Mejia MD; David N. Schidlow, MD MMus; Corey Stiver MD; Varsha Thakur MD, MSc; Shubhika Srivastava, MD

Summary of Findings:

This retrospective multicenter study assessed the prenatal natural history, associated cardiac and extracardiac anomalies and outcomes associated with fetal diagnosis of congenitally corrected transposition (ccTGA). Fetuses with atrioventricular and ventriculoarterial discordance diagnosed between 1/2004 and 7/2020 were included, and those who were thought to need single ventricle repair on initial fetal echocardiogram were excluded.

Two-hundred and five fetuses from 20 centers were included, with median gestational age at diagnosis of 23 (interquartile range 21-27) weeks. Genetic abnormalities were found in 6% of those tested (both pre- and postnatally), with the majority being genes associated with laterality. Extracardiac anomalies occurred in 6%, most common being renal abnormalities. Associated cardiac defects were very common, most common being ventricular septal defects (68%), pulmonary outflow obstruction (38%), tricuspid valve structural abnormalities (20%), aortic arch hypoplasia (11%) and abnormal cardiac position (33%). Isolated ccTGA occurred in only 22%.

Fetal atrioventricular block (AVB) occurred in 23 fetuses (11%) and was diagnosed at a median gestational age of 25 (IQR, 23-28, full range, 20-37) weeks. Association between intracardiac defects and fetal AVB was assessed and fetuses with isolated ccTGA were more likely to have fetal AVB when compared with those with associated intracardiac defects (OR, 2.8 [95% CI, 1.1-7.1], $p=0.03$). Situs inversus with D-looped ventricles (segmental anatomy {I,D,D}) occurred in 15 fetuses (7%), with none of these fetuses having AVB pre or postnatally (due to known more "normal" AV node positioning in this segmental anatomy). Fetuses with {I,D,D} segmental anatomy were also less likely to have tricuspid valve structural abnormalities compared with {S,L,L} fetuses.

Serial fetal echocardiograms were performed in 135 fetuses and demonstrated a hemodynamic change in 30% and a diagnostic change in 17%. The most common hemodynamic change was worsening TR (7%) and increase in pulmonary outflow tract obstruction (11%). The most common diagnostic change was a change in VSD diagnosis (7%) and change in tricuspid valve morphology (5%).

Of 194 fetuses with follow-up, 26 were terminated, three experienced fetal death (2 with AVB), and 165 were live-born. Of 158 with postnatal data (median follow-up of 3.7 years), 10 (7%) had death/transplant before 1 year. On univariable analysis, fetal factors associated with fetal death or death/transplant by 1 year included \geq mild tricuspid regurgitation, pulmonary atresia, aortic outflow obstruction, fetal arrhythmia (including heart block and SVT), and worsening hemodynamics on serial fetal echocardiogram (defined as worse right ventricular function, tricuspid regurgitation, or effusion). Risk of fetal death in those with fetal heart block was 10.5%.

Welcome our new and first European Sponsor!

***Congratulations to the
Fetal Heart Society's 1st
European Sponsor!***



WELCOME

Children's Heart -
Center Linz

