

# From Prenatal Dependency to Independence: The wonders of circulatory transition from fetal to neonatal life

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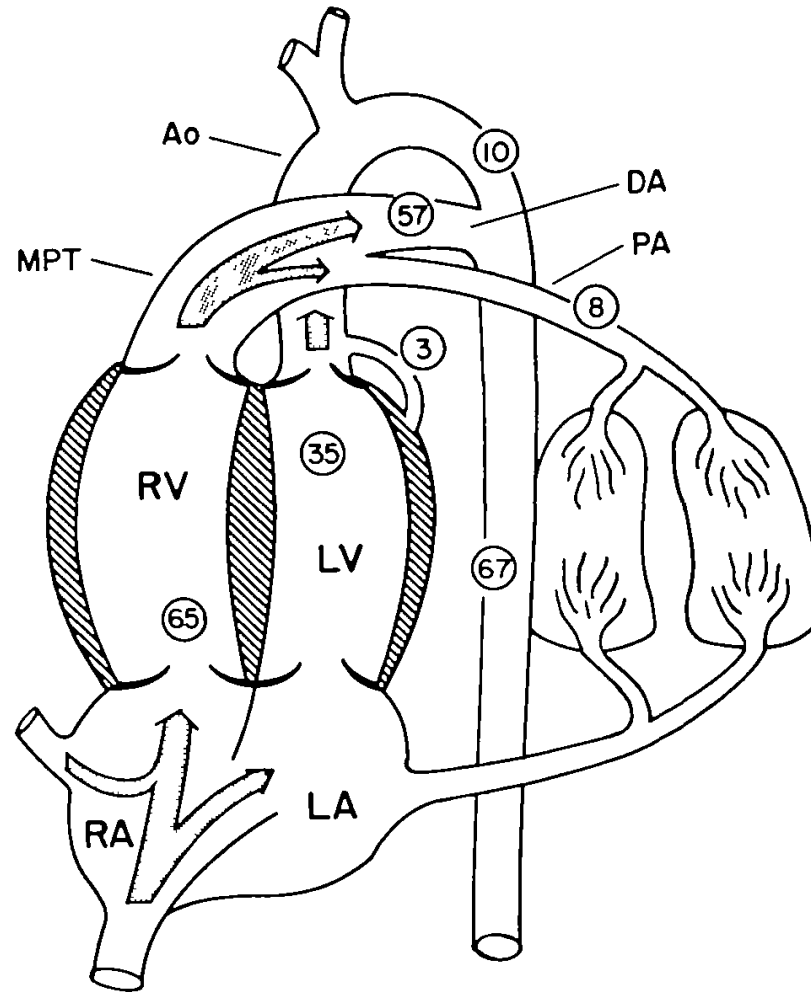
Associate Director, Fetal Cardiovascular Program



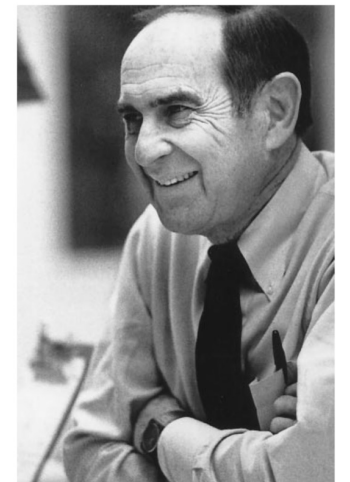
## “The Transition”

*A lot can happen in a few minutes*

# Guiding Principles



**Fetal Lamb Model**

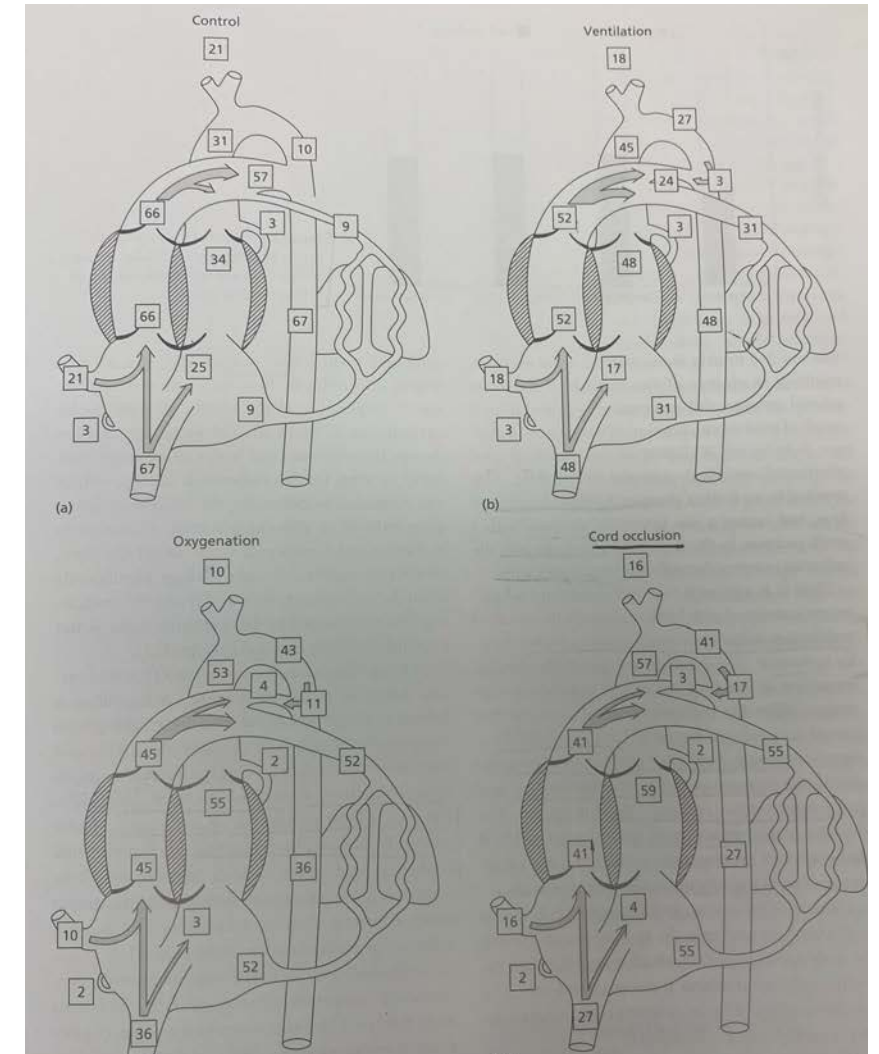


*Dr. Abraham Rudolph*

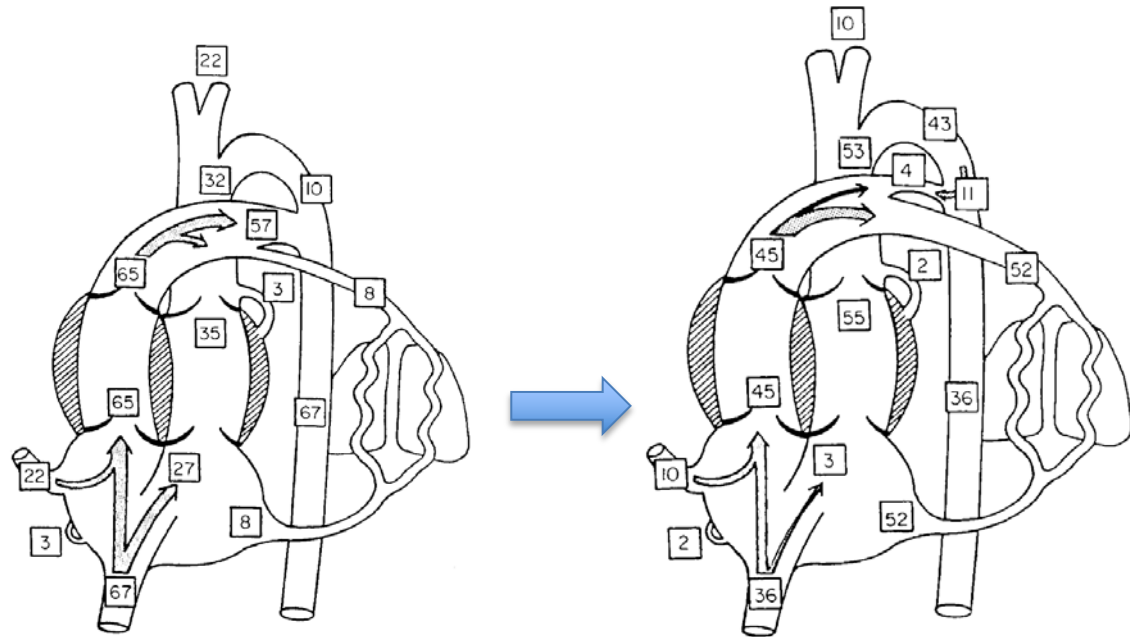
# The Transition: Learning from Animal Models

## ***Circulatory Adjustments during Perinatal Transition:***

“In parallel” circulation → “in series” circulation



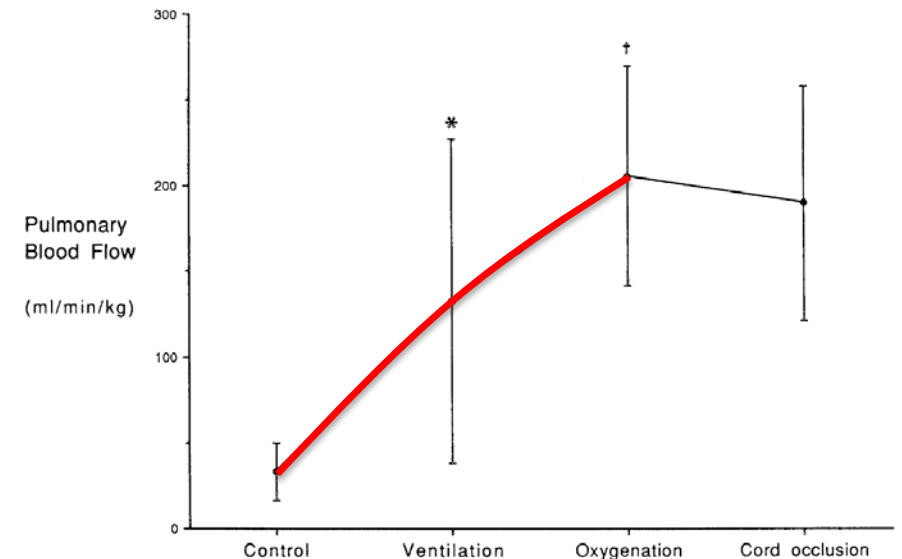
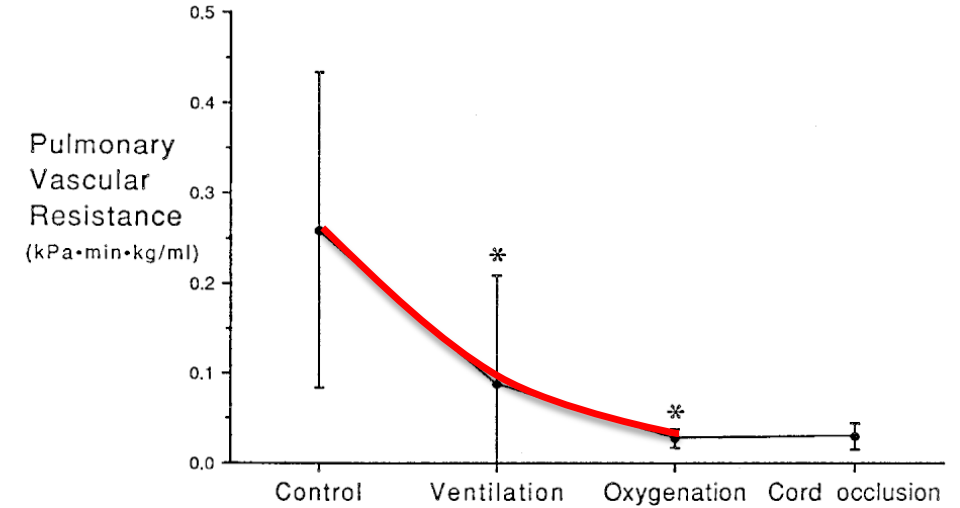
# Perinatal Circulatory Changes



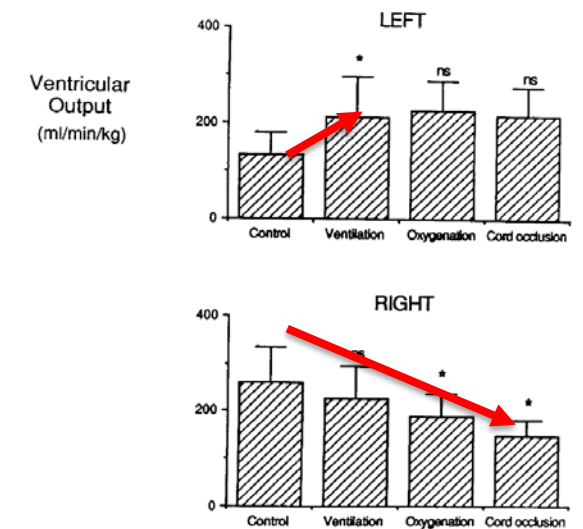
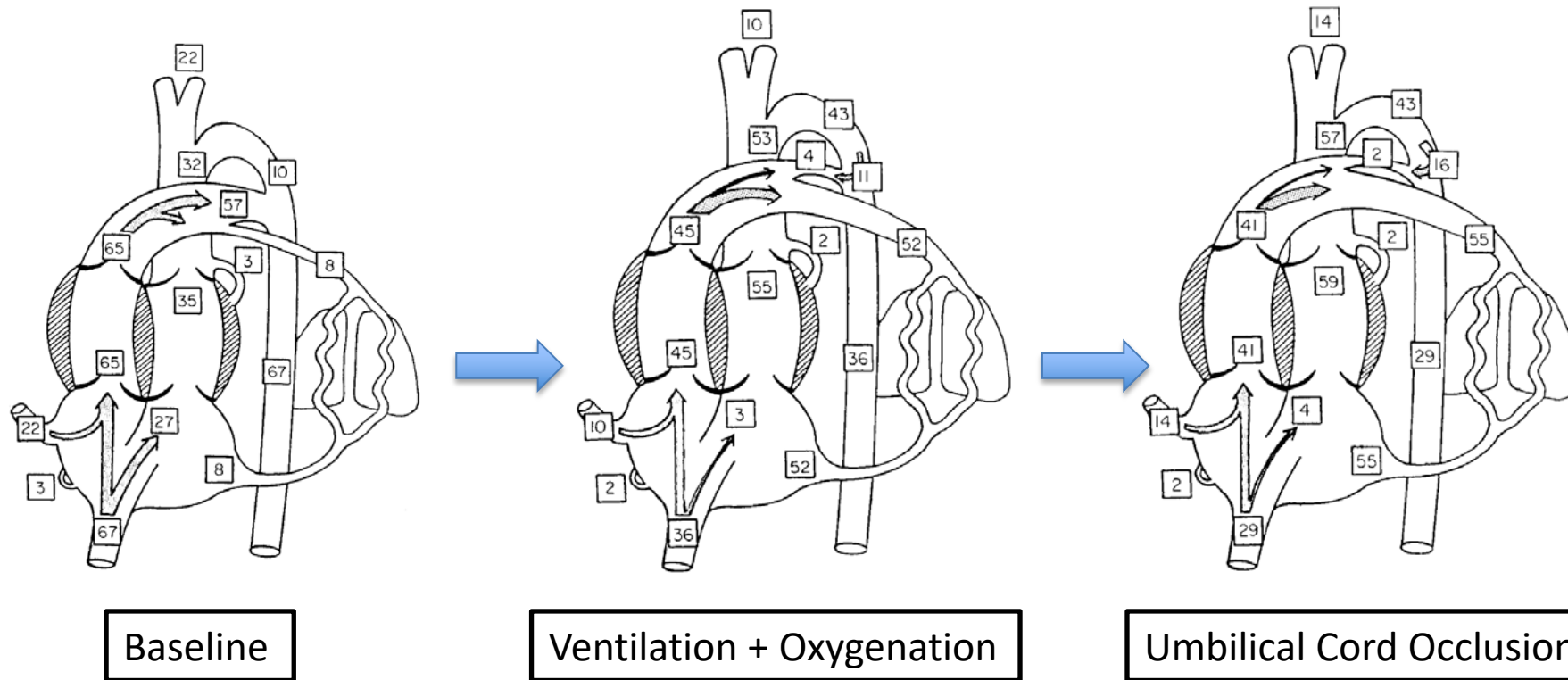
Baseline

Ventilation + Oxygenation

↓ Pulmonary vascular resistance  
↑ Pulmonary blood flow

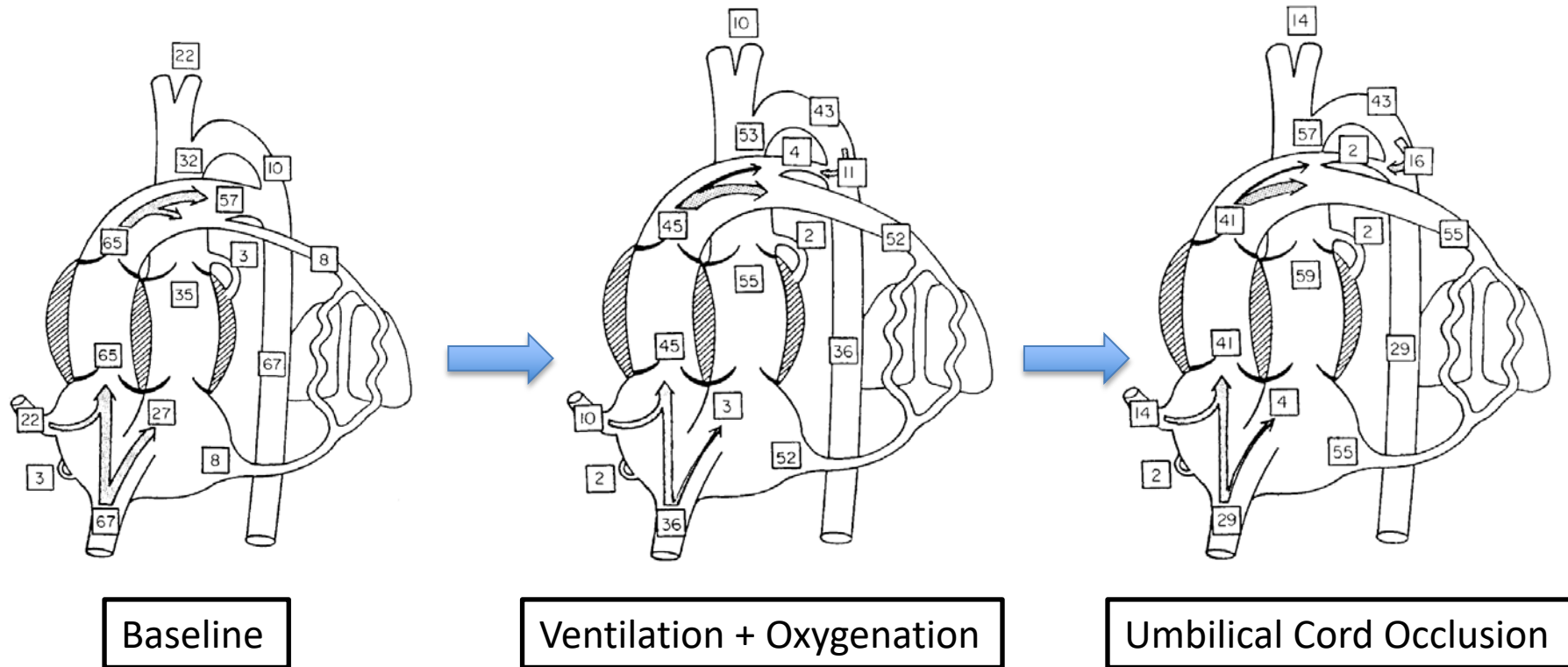


# Perinatal Circulatory Changes





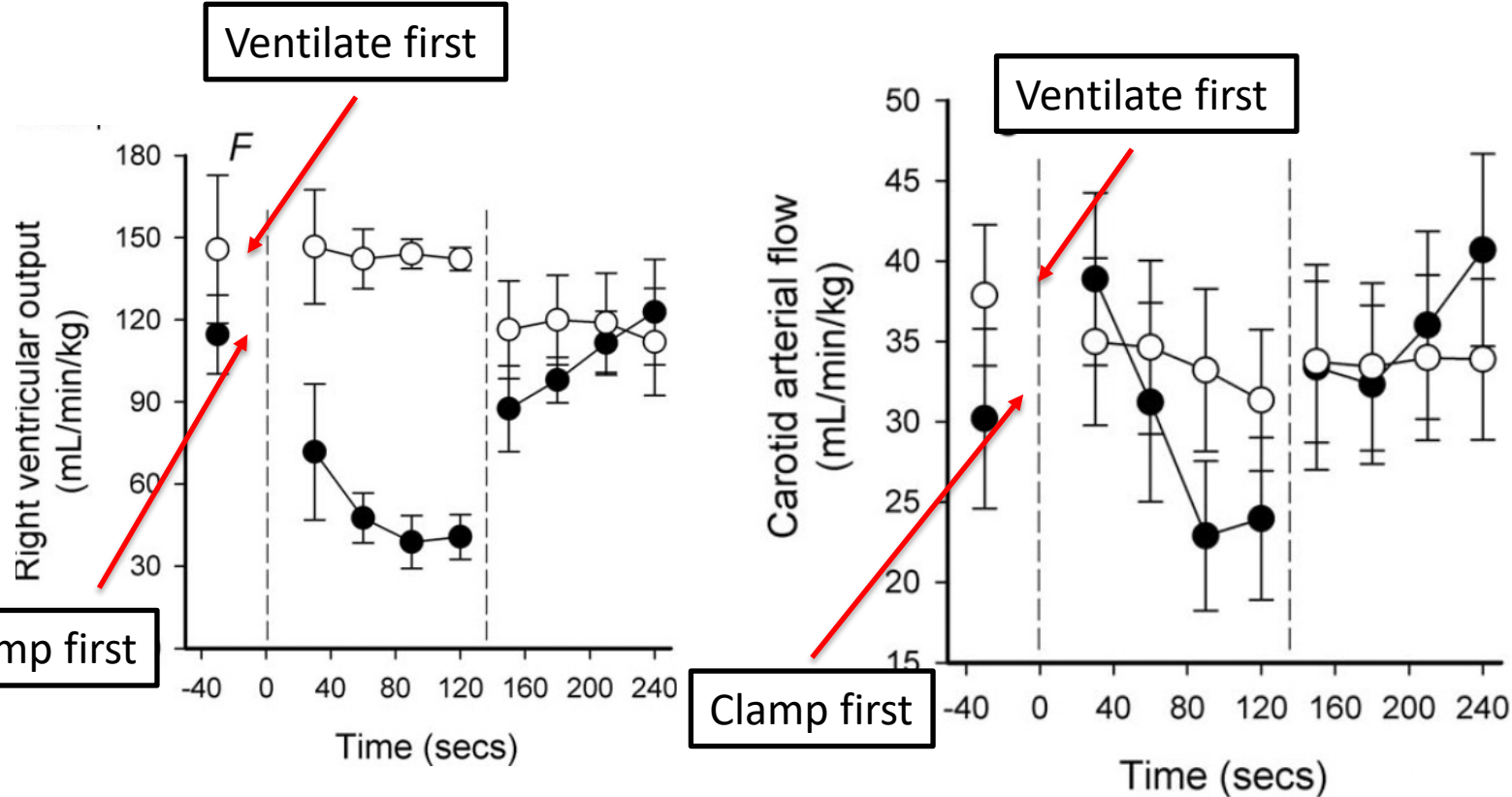
# Perinatal Circulatory Changes



## Additional Factors:

- 1) Hormonal
  - Thyroid
  - Cortisol
- 2) Tissue Oxygen Delivery:
  - High HbF  $\rightarrow$  HbA
  - Decreased Hb concentration

# Manipulating Physiology in Animal Models



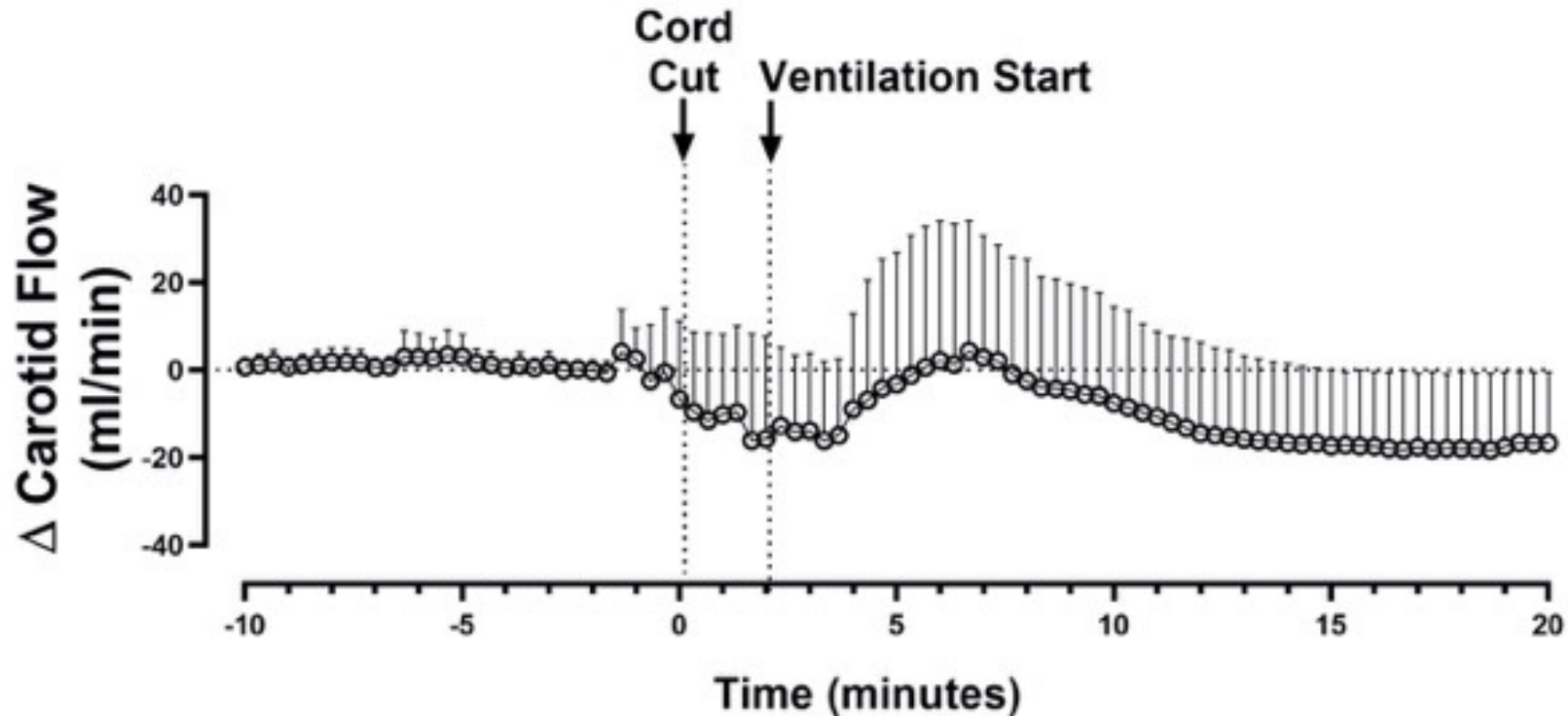
- **Clamping of umbilical cord prior to ventilation:**
- **Decreased RV output**
  - **Decreased carotid arterial flow**

● Clamp first/ventilate second

○ Ventilate first/clamp second

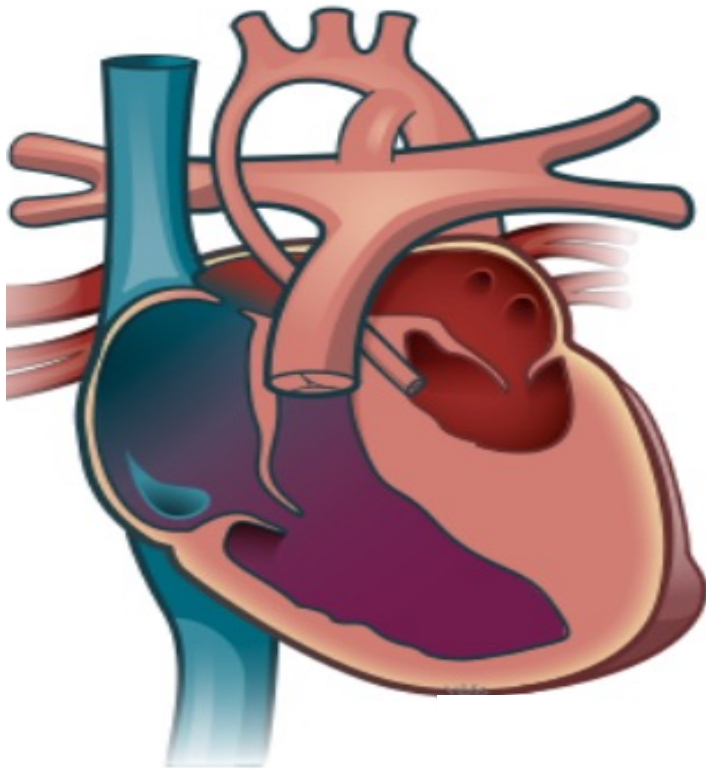


# Manipulating Physiology in Animal Models

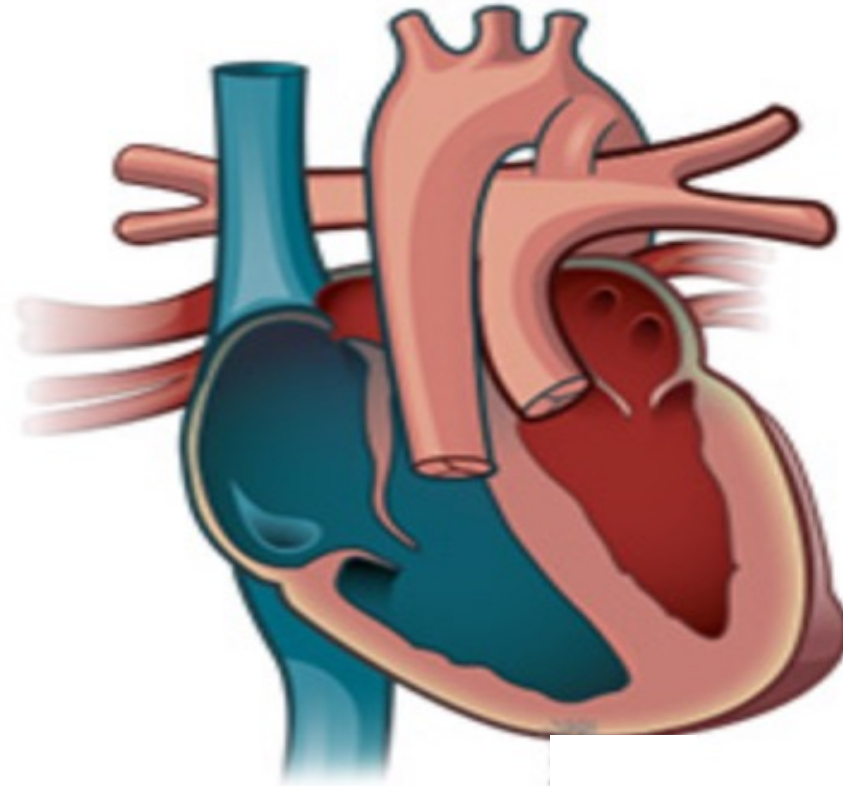


***Sequence of events in the DR influences the circulatory changes during transition***

# How is this applicable to CHD?



HLHS

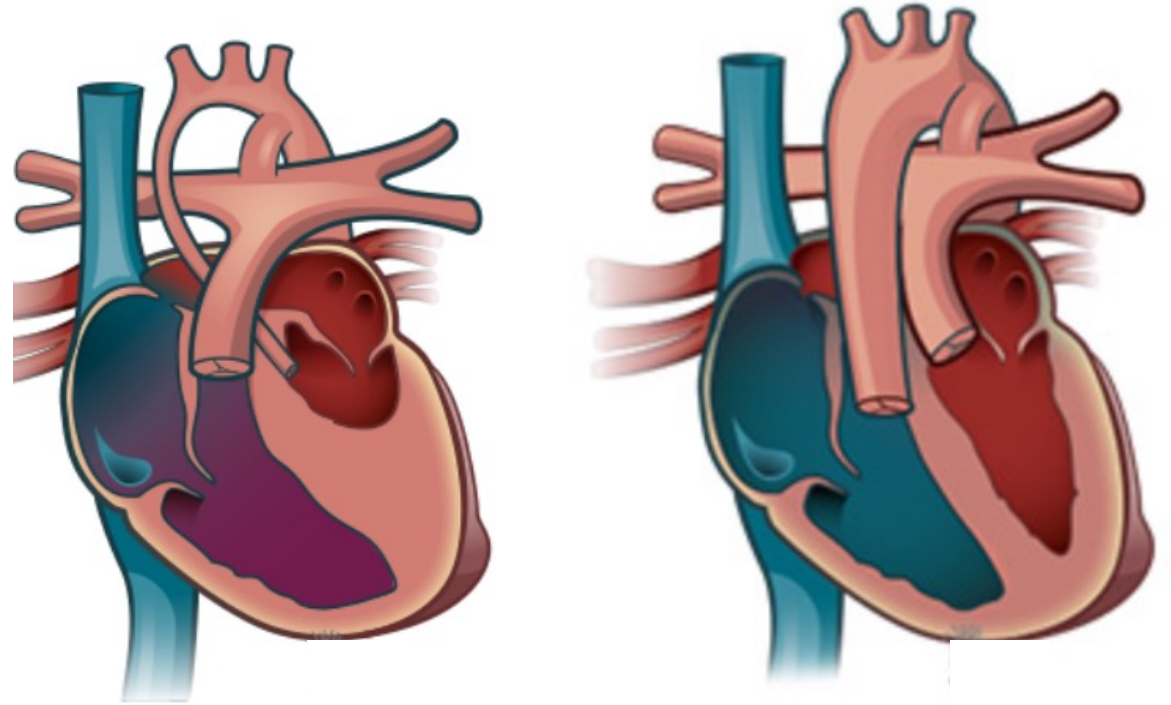


D-TGA

# How is this applicable to CHD?

## Circulatory Adjustments in the DR

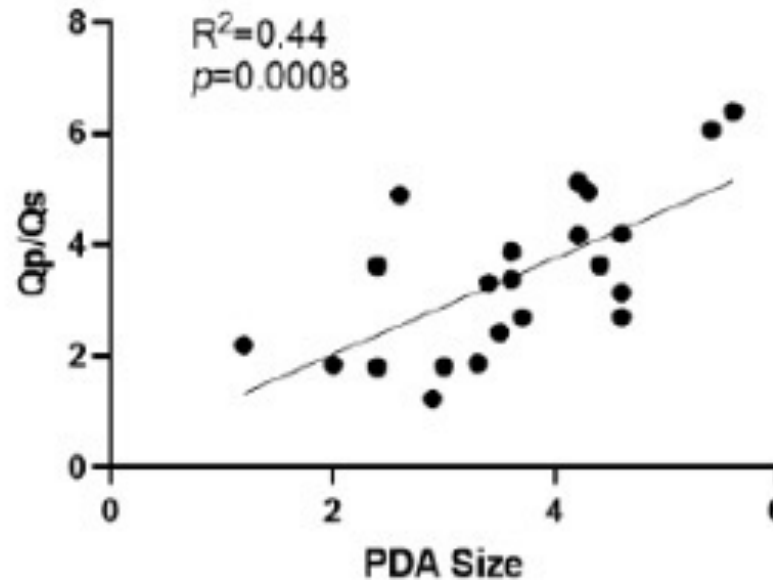
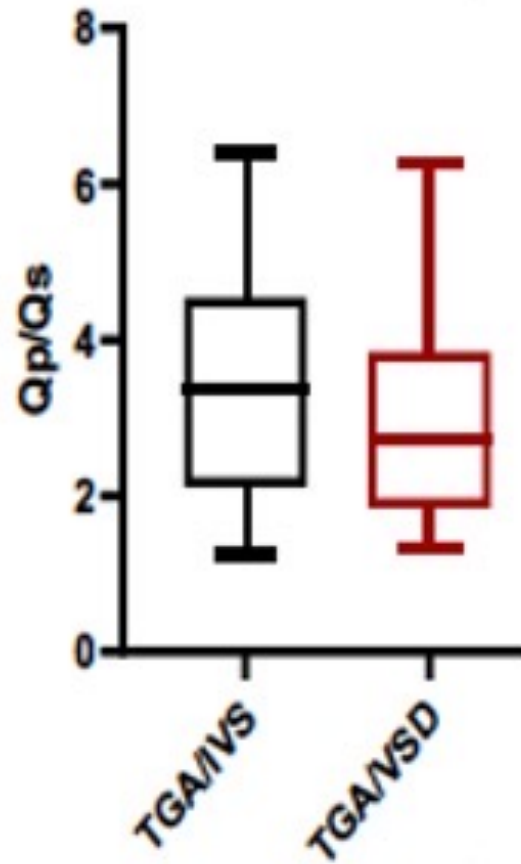
- Increased pulmonary blood flow
- Changes in ventricular output
  - Decreased RV output
  - ? Effects on cerebral blood flow
- Sequence of events in the delivery room may have significant implications in the setting of CHD:
  - Timing of umbilical cord occlusion



HLHS

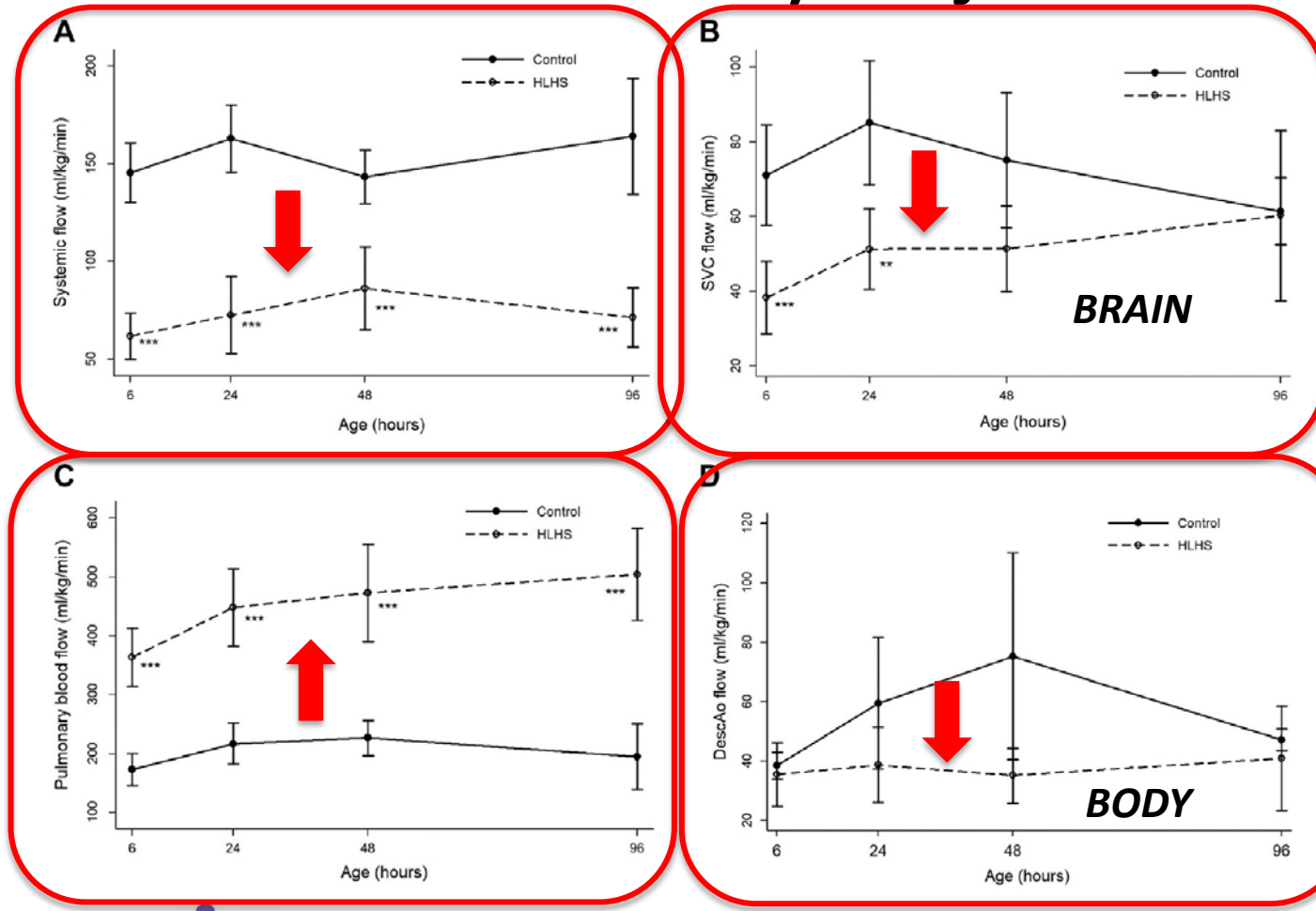
D-TGA

# Transition from Fetus --> Neonate: Circulatory Adjustments outside of DR



➤ Continued decline in PVR  
(higher Qp:Qs)

# Transition from Fetus --> Neonate: Circulatory Adjustments outside of DR

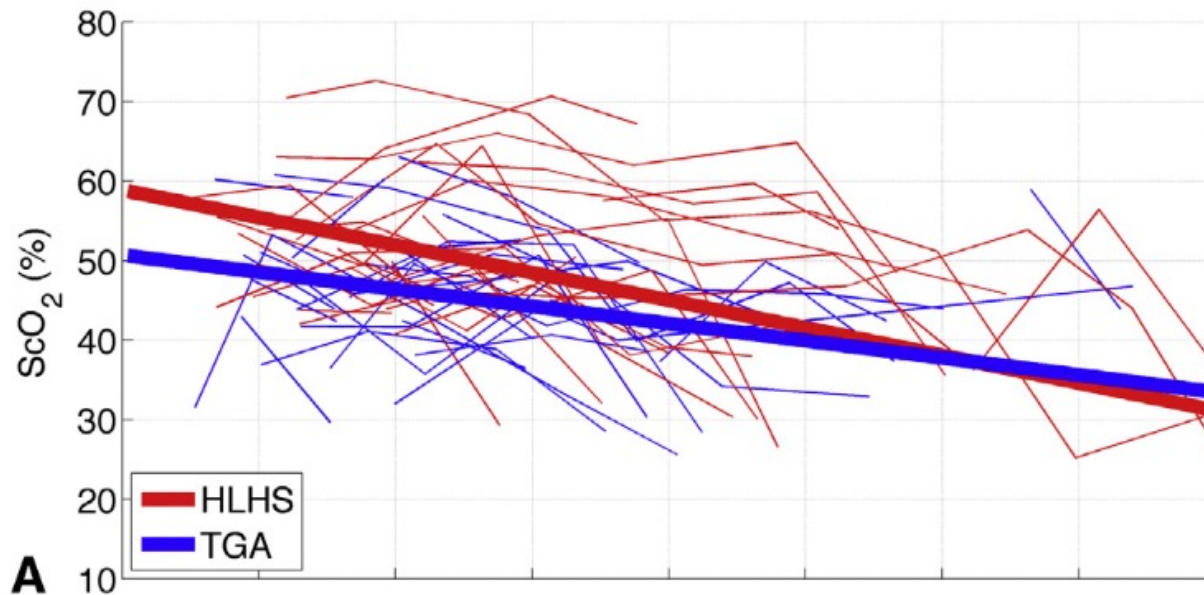


## HLHS compared to healthy newborns:

- Decreased systemic flow
- Increased pulmonary blood flow
- Decreased flow in SVC (cerebral flow)
- Decreased lower body perfusion



# Transition from Fetus --> Neonate: Circulatory Adjustments outside of DR



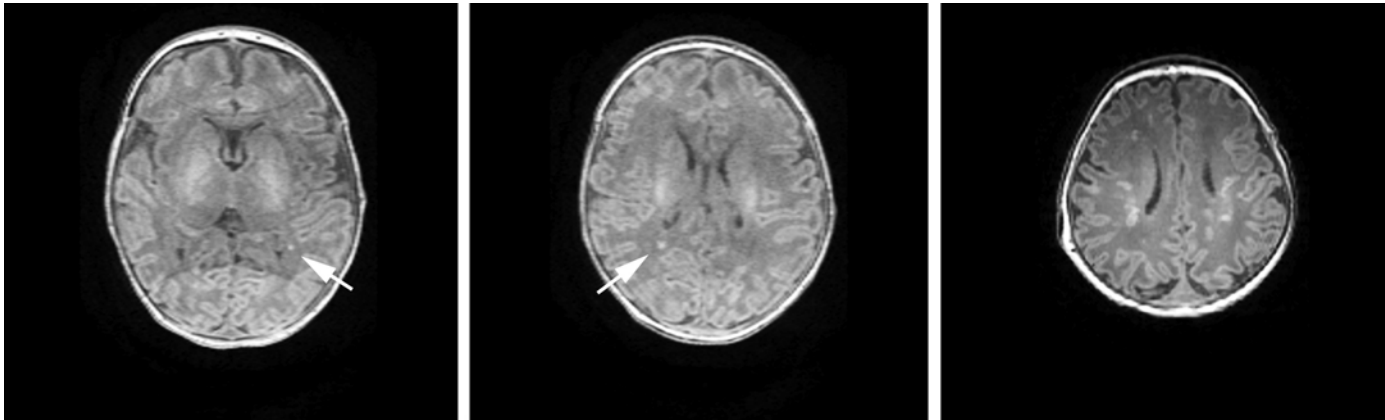
*Lynch J et al, 2018*

- Gradual decline in cerebral oxygenation from birth to surgery in d-TGA and HLHS



# Application of experimental data: Brain health in CHD

White Matter Injury



➤ *1/3 of newborns with complex CHD have evidence of white matter injury before going to the operating room*

- Immediate effects in the DR + continued postnatal effects
  - Threaten cerebral perfusion
  - Impairs cerebral oxygen delivery
  - Contribute to risk of pre-operative WMI and ND outcomes?



## “The Transition”

*Early opportunities to optimize outcomes*

- *Events in the Delivery room*
- *Continued circulatory changes outside of delivery room*

Thank you