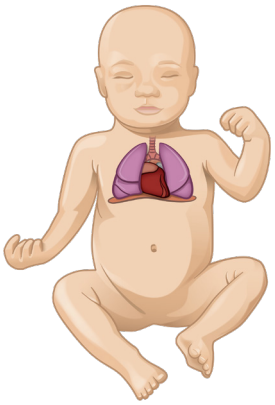
Pediatric Pulmonary Hypoplasia

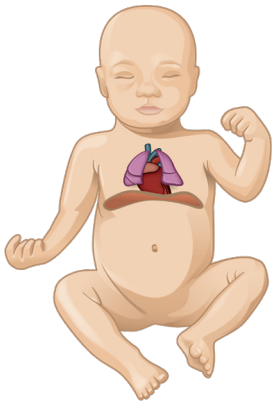
What is pediatric pulmonary hypoplasia?
Pulmonary hypoplasia is a condition in which the lungs are abnormally small, and do not have enough tissue and blood flow to allow the baby to breathe on his or her own. This can be a life-threatening condition.

At the SSM Health Cardinal Glennon St. Louis Fetal Care Institute, our team treats the whole condition, both monitoring your baby's lungs and heart and providing comprehensive treatment for any other related disorder.

If your child has been diagnosed with pulmonary hypoplasia, you can rely on our dedicated, multidisciplinary team of providers to care for your child's every need. We coordinate and provide immediate care in our NICU (Neonatal Intensive Care Unit), as well as long-term follow-up care as your child's lungs continue to develop.



Healthy Baby



Baby with Pediatric Pulmonary hypoplasia

A Cardinal Glennon St. Louis Fetal Care Institute nurse is available 24 hours a day, seven days a week to discuss referrals with physicians and potential families by calling 314-268-4037, option 2.

Phone	**314-268-4037, option 2**
Toll-free	**1-877-SSM-FETL (776-3385)**
Web	**stlouisfetalcare.com**
Email	**fetalcare@ssmhealth.com**
Facebook	**facebook.com/fetaldocs**

SSM Health Cardinal Glennon
St. Louis Fetal Care Institute®

Pediatric Pulmonary Hypoplasia

Most often the pulmonary hypoplasia is a secondary problem due to another diagnosis that is preventing proper development of the lungs such as:

Congenital diaphragmatic hernia (CDH):
The lungs are compressed by the abnormal position of the intestines in the chest caused by the CDH.

Pleural effusions (fluid buildup around the lungs):
The pleural effusions or fluid buildup around the lungs can lead to small, underdeveloped lungs.

Lower Urinary Tract Dilation (LUTO) or severe oligohydramnios:
There is a lack of amniotic fluid necessary for the lungs to grow.

How is pulmonary hypoplasia diagnosed?

Pulmonary hypoplasia is typically detected through a routine ultrasound or MRI. During these routine exams, we use measurements of lung volume and size to determine how small the fetal lungs are and whether the problem is life-threatening for your baby.

How is pulmonary hypoplasia treated?

Depending on the size of the fetal lungs and the cause of the pulmonary hypoplasia, different treatment plans can be recommended.

In some cases, such as with babies who have CDH, LUTO, BPS (Bronchopulmonary Sequestration) or CPAM (Congenital Pulmonary Airway Malformation), fetal surgery can help reverse the effect of the pulmonary hypoplasia while the baby is still developing in the womb. If the primary condition is treated, the lungs are given the opportunity to develop before delivery.

Your child's treatment plan will depend on the size of their lungs and the cause of the pulmonary hypoplasia.

What can i expect if my baby is born with pulmonary hypoplasia?

Although the lungs continue to develop for up to a year after your baby is born, pulmonary hypoplasia does present some challenges at birth. Babies with pulmonary hypoplasia often have difficulty breathing and eating and may have cardiac challenges as well. Some babies may also require ECMO immediately following birth to assist with breathing. These challenges require support in the NICU (Neonatal Intensive Care Unit) until the baby's lungs can function on their own.

You may have a lot of questions, and that's okay. We're available to help 24 hours a day, 7 days a week. For more information or to schedule an appointment, call us at 314-268-4037, opt. 2 or toll free at 877-SSM-FETL (877-776-3385), or email us and one of our trusted representatives will get back to you as soon as possible.