

The Fetal and Pregnancy Health Program at Stanford Children's Health provides comprehensive, multidisciplinary prenatal evaluation and management of neonatal hemochromatosis (NH).

## Neonatal hemochromatosis fast facts

- Neonatal hemochromatosis affects fewer than 1 in 1 million pregnancies worldwide but may be underdiagnosed.
  - An estimated 95% of neonatal hemochromatosis cases are linked to gestational alloimmune liver disease (GALD).
  - GALD triggers the mother's body to create antibodies directed against the fetal liver, resulting in possible demise of the fetus.
  - A mother with a history of a pregnancy affected by GALD has an approximately 90% chance of the same outcome with subsequent pregnancies.
- Intravenous immunoglobulin (IVIG) infusions during future pregnancies block maternal antibodies, giving babies a nearly 100% chance of being born completely healthy.

## When to suspect neonatal hemochromatosis

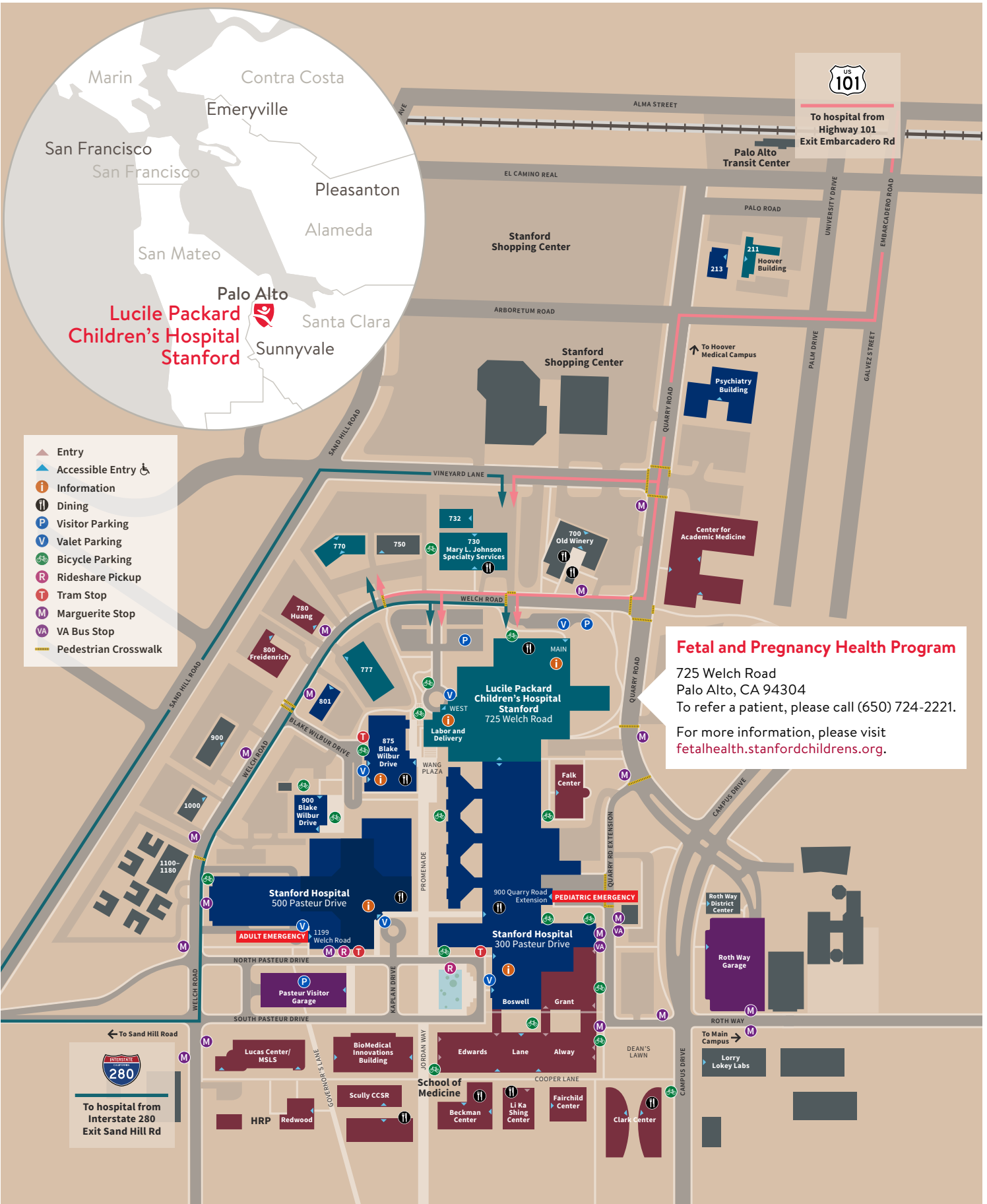
When there has been fetal loss late in pregnancy or shortly after birth, especially in the setting of liver abnormalities, hydrops or ascites, hypoglycemia, or blood clotting problems in the fetus or baby.

## Neonatal hemochromatosis evaluation and management process

- If you or your patient suspects that NH or GALD affected a prior pregnancy, we are happy to partner with you and provide specialized care to achieve a successful pregnancy.
- Patients may be evaluated through our Fetal and Pregnancy Health Program in Palo Alto or at a Stanford Children's Health Perinatal Diagnostic Center, with sites throughout the Bay Area and Central California. We are also happy to collaborate with local maternal-fetal medicine specialists.
- Patients seen in our clinics will undergo a comprehensive evaluation, including an investigation to determine the reason for past fetal or neonatal death.
- Pregnant mothers who are identified to be eligible will receive IVIG infusions beginning as early as 14 weeks of gestation and for the duration of the pregnancy. IVIG blocks maternal antibodies, preventing them from crossing the placenta and attacking the liver.

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Ask your patient to talk to you, or contact us for an evaluation or co-management of her pregnancy.  
Call us at (650) 724-2221.



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- P Visitor Parking
- V Valet Parking
- Bicycle Parking
- R Rideshare Pickup
- T Tram Stop
- M Marguerite Stop
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- Pedestrian Crosswalk

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 To refer a patient, please call (650) 724-2221.  
 For more information, please visit [fetalhealth.stanfordchildrens.org](http://fetalhealth.stanfordchildrens.org).