

Maternal mirror syndrome at a fetal center: clinical presentation and impact of fetal therapy

Shelly Soni, Juliana Gebb, Rosa Hwang, Nahla Khalek

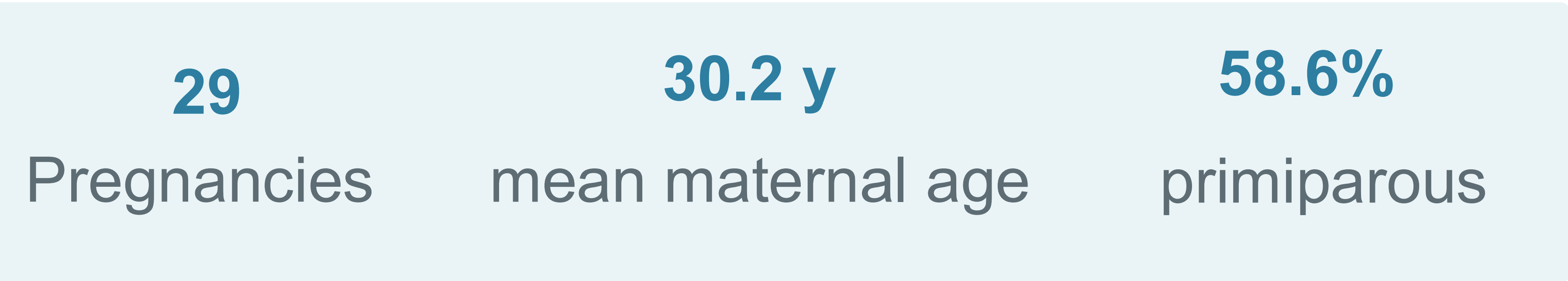
Center for Fetal Diagnosis and Treatment, Children's Hospital of Philadelphia, Philadelphia, PA, United States

Objective

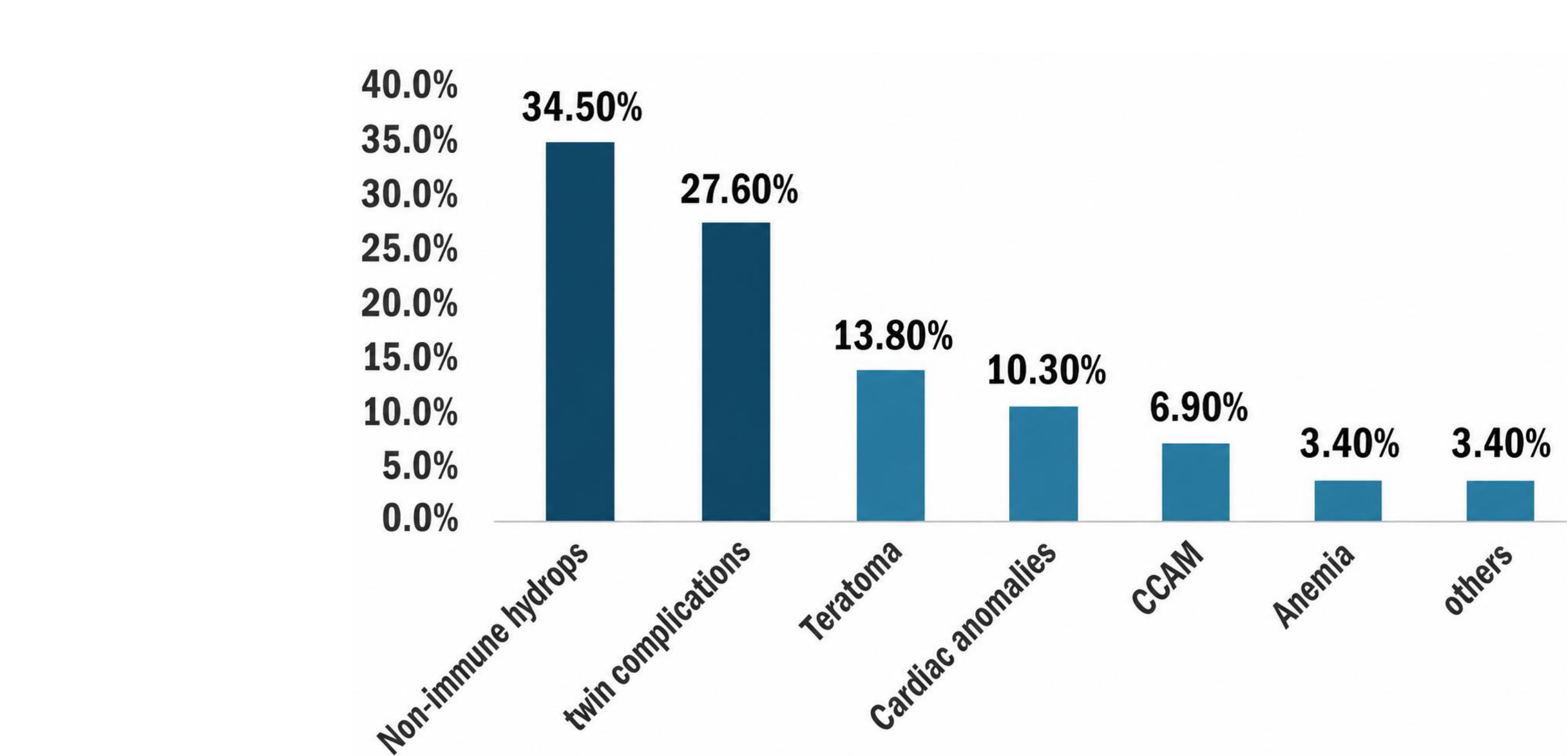
Characterize maternal presentations of mirror syndrome and assess outcomes of fetal therapy.

Methods

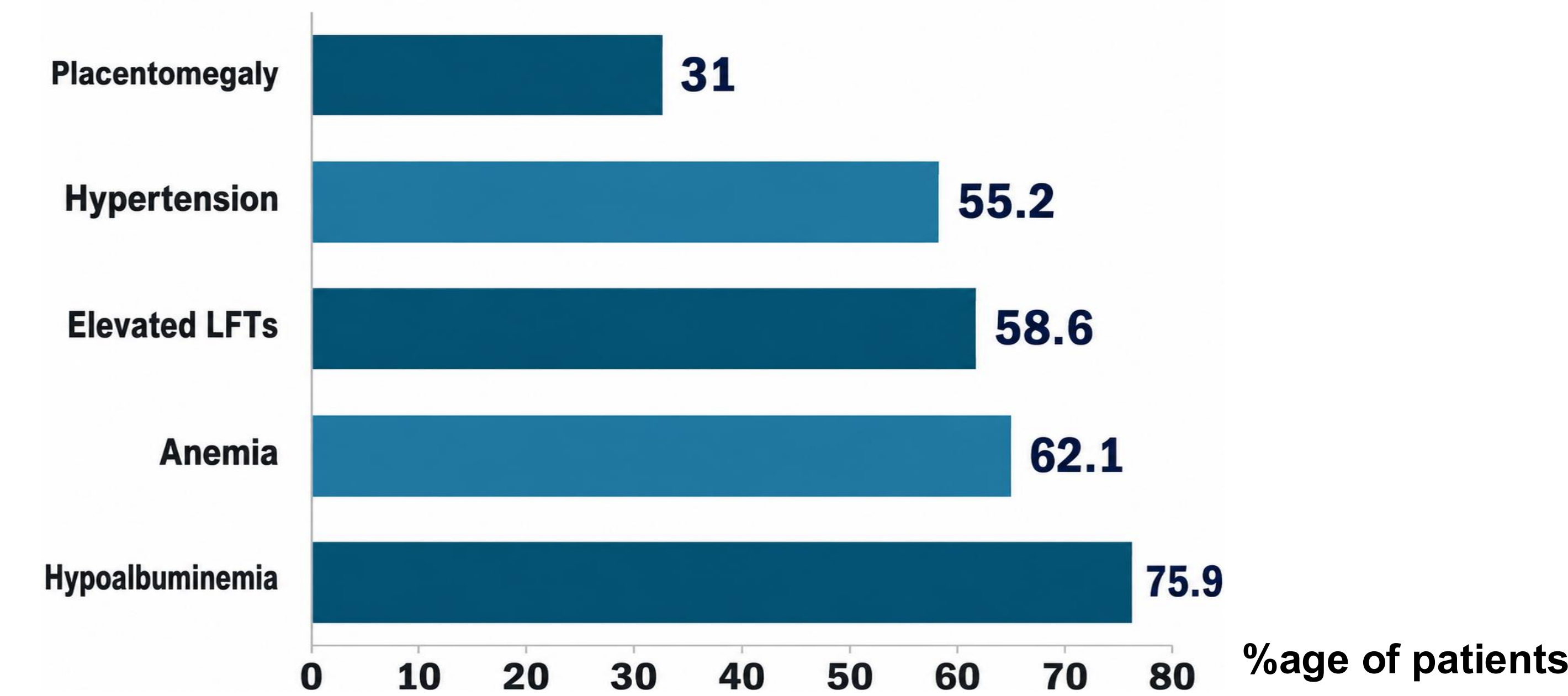
Retrospective review of 29 maternal mirror syndrome cases evaluated at a fetal center, January 2016–July 2025.



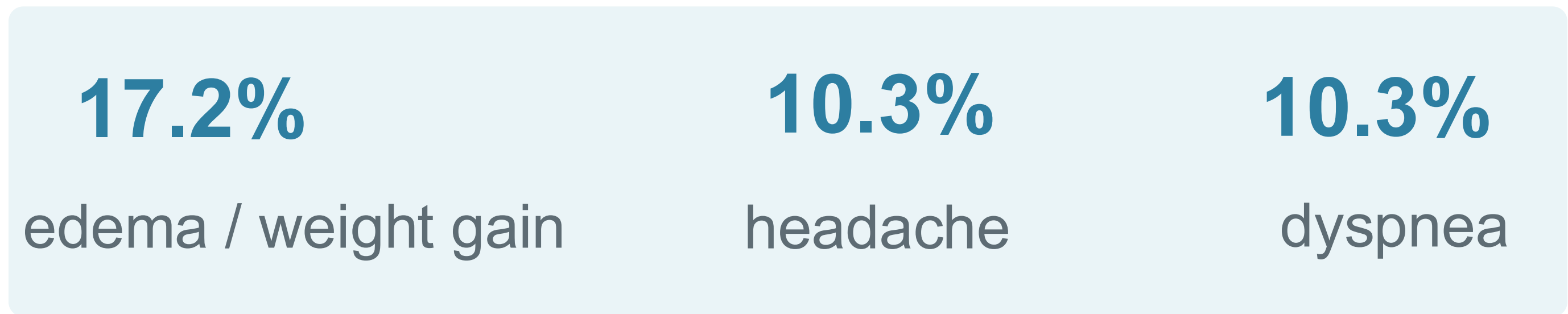
Fetal etiologies



Maternal phenotype: Laboratory and clinical findings



Presenting clinical symptoms were less frequent



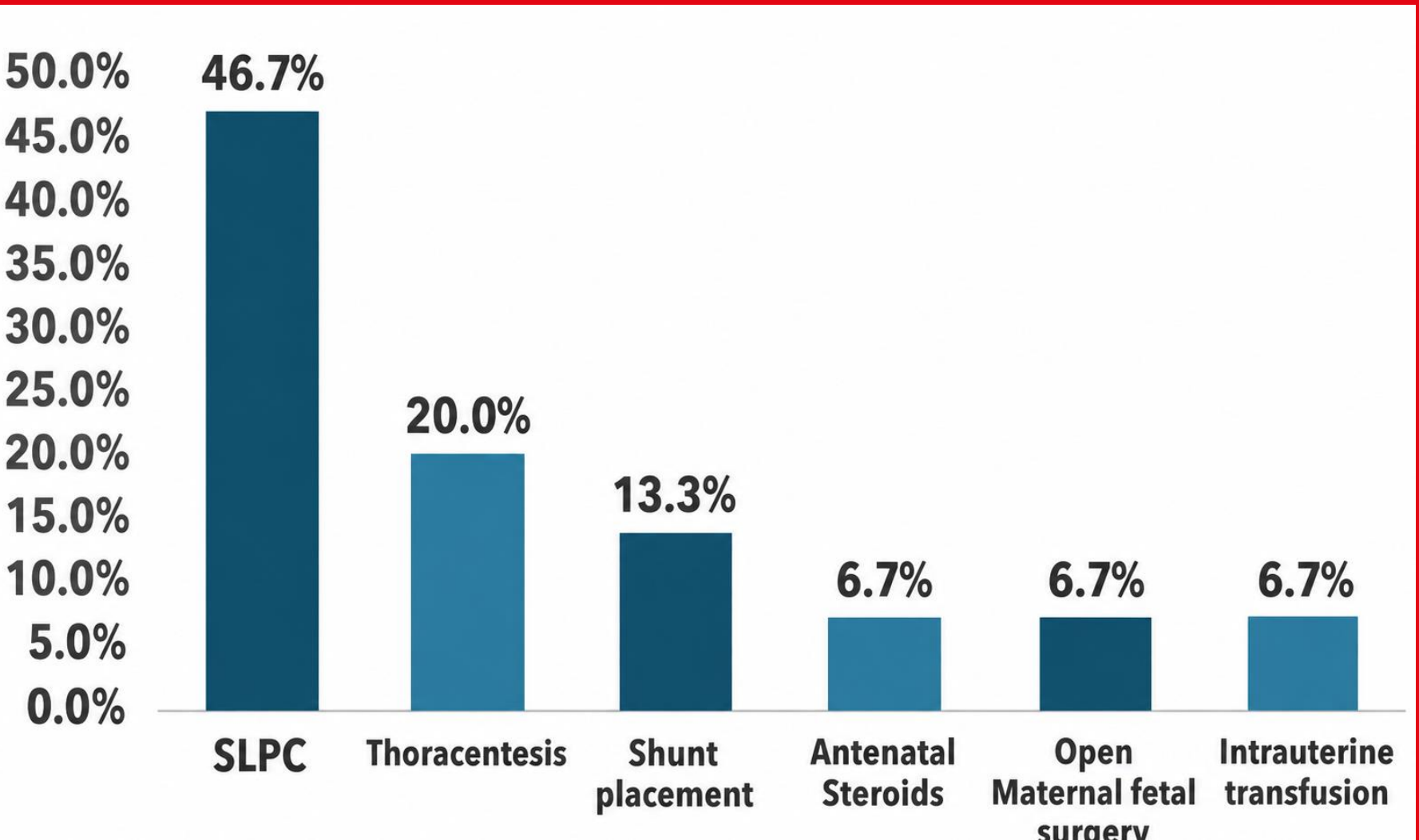
Clinical timeline



Fetal therapy

51.7% (15/29) Underwent fetal therapy

Fetal interventions among treated patients (n=15)



20% unsuccessful / failed

80% successful

Successful intervention prolonged the mean diagnosis-to-delivery interval ~ 18.3 days

Major maternal morbidity ~ 17.2%

Maternal management:

Antihypertensives 24.1%

Diuretics 20.7%

Magnesium sulfate 20.7%

Mirror syndrome followed a wide range of fetal conditions

Conclusion

Maintain a high index of suspicion when fetal hydrops coexists with maternal hemodilution, liver dysfunction, hypoalbuminemia, or hypertension.

Clinical implications

Prompt maternal stabilization and timely fetal therapy—when feasible and successful—may prolong pregnancy while maternal morbidity remains substantial.