

Colorado Fetal Care Center



Overview

RARE EXPERTISE FOR RARE CONDITIONS



We're here for families, no matter what.

The Colorado Fetal Care Center delivers some of the safest, highest-quality and most innovative fetal care available.

We put our unborn patients, mothers and families first by seamlessly incorporating every aspect of their care under one roof. From perinatal medicine to neonatal to pediatric subspecialty care, we offer a full array of services for parents, babies and families. And from day one, we introduce families to every single member of their entire care team, including the multidisciplinary specialists they may work with. What's more, we work with maternal fetal medicine specialists, midwives, obstetricians and family physicians from across the country and consider them an integral part of our team. Wherever our patients come from and whatever they need, we are here for their babies and the children they'll one day become.

Easing the experience

From day one, we assign patients a dedicated nurse coordinator to guide them through their entire experience, from transportation, financial assistance and lodging to scheduling prenatal and postnatal appointments. Our goal is to make it as easy, efficient and comfortable as possible, while providing the best possible care. We connect patients with a member of our clinical social work team, who can help bridge families to resources like our Family Aid Program, designed to ease the financial burden of travel and overnight accommodations.

5 STAR

Rating according to our patient family experience survey



More than 10 years in the making

Since 2010, the Colorado Fetal Care Center has celebrated several important milestones that have allowed us to increase our capabilities and support more patients in need. Along the way, that dedication to growth has allowed us to make a lasting impact on the parents and babies we care for. We have treated patients from 44 states, delivered more than 1,600 babies and completed more than 900 fetal surgeries.



2010–2012: First patients

The Colorado Fetal Care Center's work began by welcoming its first patients through outpatient fetal care. At this time, our center was a two-bed delivery unit and we began laying foundations for fetal surgery.



2013–2014: Offerings and capabilities expand

Within just a few years of opening, we grew our inpatient unit from two beds to 12 and began offering both c-sections and vaginal deliveries. Families gained 24/7 access to our dedicated care team, and we officially expanded treatment options, including fetal surgery.



2015–2017: Growth and innovation

As our facilities and capabilities grew, we continued to see a rise in patient demand. In response, we focused on expanding our provider expertise and recruiting new team members to support volume growth. Our recruitment efforts allowed us to build a strong, consistent team. This growth spurred a new need to create research infrastructure that would support our patient care into the future.



2017–Present: Fulfilling our potential

Today, the Colorado Fetal Care Center is home to dedicated maternal fetal medicine specialists and an expansive team that includes neonatologists, radiologists, pediatric fetal surgeons, cardiologists, anesthesiologists, social workers, genetic counselors, advanced practice providers and others that deliver excellent patient care and successful outcomes. This, combined with a focus on research and innovation, will allow us to continue to realize our commitment to patients well into the future.

ALL UNDER ONE ROOF

Before Birth and Beyond



Perinatal Medicine

Comprehensive perinatal testing and counseling for mothers and families managing high-risk pregnancies



Maternal fetal medicine

Specialized treatment for patients managing high-risk pregnancies



Fetal cardiology

Specialized diagnosis and treatment of complex congenital heart disease



Fetal treatment and surgery

Multidisciplinary approach to treating fetal conditions or complications that develop during pregnancy



Labor and delivery

One of just a few freestanding children's hospitals with a dedicated labor and delivery unit, so mother and baby can get the same excellent care under one roof



Neonatal Care

Advanced care with the capability to treat virtually any condition affecting newborns



Cardiac ICU and Heart Institute

Nationally ranked with outstanding outcomes for cardiac neonatal intensive care and surgery, with access to innovative catheterization procedures, imaging centers and subspecialty clinics



Level IV Neonatal ICU

Only institution in the 10-state area ranked in Neonatal Care by U.S. News & World Report, offering the highest level of care to over 2,000 newborns per year



Dedicated neonatal nurse practitioners, trained at master's or doctorate level, provide complex and specialized care for critically ill preterm babies and assist with high-risk deliveries.



Beyond Delivery

With a focus on each child's long-term quality of life, our care model integrates us fully with top-ranked subspecialty care



Breathing Institute

Nationally ranked by U.S. News & World Report, with the largest pediatric pulmonary program in the region



Neonatal surgery expertise

Perform 400+ neonatal surgeries annually in specialties such as colorectal and urogenital care, pediatric urology, pediatric otolaryngology and pediatric general surgery



Neuroscience Institute

Nationally ranked in neurosurgery and neurology with the most comprehensive pediatric neurosurgical program in the region, providing a neuro-recovery program partnership with our NICU



Digestive Health Institute

Nationally ranked by U.S. News & World Report for GI and GI Surgery, providing the highest quality, and most comprehensive care from board-certified experts in esophageal, intestinal, liver, pancreatic and nutritional disorders of children



Here, mothers and babies have access to a full spectrum of treatment: maternal, perinatal, neonatal and pediatric subspecialty care for any condition.



6

Fetal MRI imaging experts



3,000+

Total ultrasounds performed annually



1,800+

Total fetal echocardiograms performed annually



300+

Total fetal MRIs annually

Fetal Imaging and Diagnostic Procedures

Accurate diagnosis is the first step in a complete care plan. Over the last decade, our team of maternal fetal medicine specialists and pediatric surgeons has worked relentlessly to improve detection and treatment of fetal conditions, and our imaging services have grown exponentially. Today, we offer virtually every fetal diagnostic test and treatment available, including:

Fetal ultrasound

Fetal ultrasound uses soundwaves to produce detailed images of the baby. With advanced ultrasound equipment and experienced providers and sonographers, we leverage fetal ultrasound techniques to do what few centers in the country can do: accurately diagnose complex fetal anomalies.

Fetal echocardiogram

An echo provides early, accurate diagnosis of fetal heart conditions that can lead to faster and better treatment after birth. These steps can improve the chance of survival and outcomes for infants with severe heart defects. Our team of fetal cardiologists and cardiac sonographers has extensive training in complex congenital heart defects and heart rhythm abnormalities, as well as access to state-of-the-art equipment that helps them obtain the most detailed images possible.

Fetal MRI

Our fetal MRI program is a key component of our multidisciplinary approach to patient care, providing scans for pregnant patients during the most critical times of their pregnancy. The MRIs take place in a wide-board scanner, creating a more comfortable experience. These scans are performed without anesthesia or contrast to minimize risk to the unborn baby. Once the baby is born, our radiology team continues to provide the highest quality imaging across the span of care.

Diagnostic procedures

Our facilities and experience give us the capability of performing any available diagnostic procedure, including genetic amniocentesis, chorionic villus sampling and fetal blood sampling.

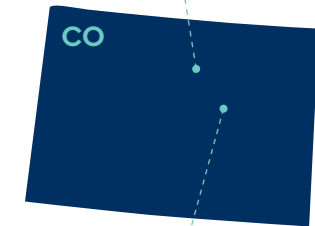
Maternal and Fetal Telemedicine Program

For expectant mothers or parents living outside a major metropolitan area, accessing fetal expertise can be an extraordinary and expensive burden. Our Maternal and Fetal Telemedicine Program lets patients from all over the country see world-class fetal cardiologists and maternal fetal medicine specialists from wherever they are.

Our maternal fetal medicine team and fetal cardiologists work with local sonographers to obtain a livestreamed perinatal ultrasound or fetal echocardiogram, followed by a video conference to discuss their findings and a care plan for moving forward. These visits offer families the same level of attention and expertise as an in-person visit, without the time, stress, money or drive.

We offer telemedicine for:

- Fetal cardiology
- Maternal fetal medicine
- Diagnosis of rare conditions and congenital heart defects
- Genetic counseling
- Second opinions
- Treatment planning
- Delivery planning
- Subspecialty consultation
- And more



50,000+

Miles not driven

Prenatal Genetic Testing and Screening

Unborn babies with congenital anomalies have an increased risk for an underlying genetic syndrome. That's why genetic counseling is part of all new patient visits at the Colorado Fetal Care Center. Our genetic counselors work with families and the care team to order and interpret genetic testing when a genetic syndrome may be a possibility.

Mothers who deliver a baby with a known genetic disorder can follow up with medical genetics after delivery, while still in our Neonatal Intensive Care Unit or Cardiac Intensive Care Unit. From there, Children's Colorado offers an array of clinics devoted to specific genetic syndromes, including 22q11.2 deletion syndrome, Down syndrome, sex chromosome aneuploidies, neurogenetics, pediatric genetics, skeletal dysplasia and many others. Many of these clinics provide prenatal consults, offering a seamless transition between pre and postnatal care.

We offer all available genetic testing options, from routine screening to complex diagnostic chromosomal microarray and syndrome-specific sequencing panels. We also have embraced new technology such as prenatal whole-exome sequencing, neonatal whole-exome and genome sequencing, and genome-wide cfDNA screening, as well as cfDNA screening for single gene disorders. We also have become a leader in the region by embracing new technology such as prenatal whole exome sequencing, neonatal genome sequencing, and advanced cfDNA screening options.

Screening tests

- cfDNA/NIPT
 - Rare autosomal trisomies
 - Microdeletions
 - Single gene disorders
 - Fetal antigens
- Carrier screening
 - Cystic fibrosis
 - Spinal muscular atrophy
 - Fragile X syndrome
 - Expanded screening for rare syndromes



Diagnostic tests

- FISH
- Karyotype
- Microarray
- Single-gene sequencing
- Multi-gene sequencing
- Whole-exome sequencing

For families who choose not to pursue prenatal diagnostic testing or for babies born without a prenatal diagnosis, Children's Colorado offers an on-call team of genetic and metabolic physicians, nurses and a genetic counselor who can coordinate postnatal genetic evaluations. This team provides some of the most comprehensive and rapid genetic tests available, including rapid whole-genome sequencing. If a genetic diagnosis is established, this information can help guide care. If a genetic diagnosis is not identified, the team remains available to help coordinate further testing or future follow-ups.

Prenatal genetic testing at the Colorado Fetal Care Center is managed by a multidisciplinary fetal precision medicine board, one of the first in the nation. The formation of this team has improved our overall approach to assessing complex cases and determining the best path forward for families facing uncertainty. The board brings together a wealth of knowledge and expertise from providers who actively treat and study these diagnoses, which offers a more accurate interpretation of results and empowers better decision-making, pregnancy management and transitions into neonatal care. The development of the board has greatly reduced the number of uncertain genetic diagnoses and allows for critical advancements in the field.

Fetal Treatment and Surgery

By caring for various fetal anomalies during pregnancy instead of after birth, we allow babies to start healing before they're even born. That way, they have a better chance at the best possible outcome.

When families come to us for care, we work closely with them to determine what treatments or interventions may be available for their baby's diagnosis. If fetal surgery is an option, we determine candidacy and if it is the best next step in their care journey. We thoroughly review our care options with each family, discuss any risks and outcomes and create a comprehensive treatment plan to ensure a seamless and stress-free experience throughout the duration of their stay.

This starts with our robust team of maternal fetal medicine specialists, who have expertise in fetal surgery, and fetal and obstetric anesthesiologists, who specialize in pain management. We also have a range of multidisciplinary pediatric specialists to make fetal surgery as safe and comfortable as possible. We have a dedicated operating room which fits up to 30 specialists, creating room for all the experts both mom and baby might need during any procedure.

Following fetal surgery, we help transition care plans to patients' referring physician or specialist, as many families can return home. If a baby requires care after birth, parents may stay with us to prepare for whatever lies ahead.





Our fetal therapies

With a focus on each child's long-term quality of life, we offer some of the most innovative fetal therapies available today, which fall into two categories: minimally invasive fetal procedures and open fetal surgery.



900+

Fetal surgeries since 2012

Minimally invasive fetal procedures

We perform minimally invasive procedures to treat life-threatening fetal conditions, ideally before they cause further complications. These fetoscopic and ultrasound-guided interventions let the surgical team clearly visualize, access and treat babies while they're still tucked inside their mother's womb.

- Fetoscopic myelomeningocele (MMC) repair
- Selective fetoscopic laser photocoagulation
- Interstitial laser for fetal masses
- Ultrasound-guided needle procedures
- Amniotic band resection
- Radio frequency ablation
- Radiofrequency or umbilical cord coagulation
- Fetoscopic endoluminal tracheal occlusion (FETP)

Open fetal surgery

Some conditions require open fetal surgery. During these operations, a team of fetal surgeons open the mother's abdomen and make a small opening in her uterus, exposing the area where the baby requires surgery. They repair the fetal tissue, then close the uterus and abdomen so the baby can continue developing. Despite the complexity of our patient population, our outcomes continue to exceed national benchmarks and help patients achieve the best quality of life.

- Open fetal myelomeningocele repair
- Fetal shunt placement
- Ex utero intrapartum treatment (EXIT) procedures

Fetal and Obstetric Anesthesia

Our fetal and obstetric anesthesiologists are available around the clock and make up an integral part of the care team, meeting with parents and families prior to deliveries and fetal procedures. Additionally, our anesthesiology team develops a plan for each patient based on their specific needs, medical history and type of procedure, making sure parents and babies are always comfortable and safe.

In partnership with anesthesiologists, our fetal and pediatric surgeons can perform many operations in utero or at the time of delivery, including fetoscopic procedures for twin-twin transfusion syndrome and myelomeningocele, open fetal procedures for myelomeningocele repair, and EXIT procedures, among others. Our anesthesia care team also assists with labor and delivery. Our goal is to ensure the most comfortable and stress-free deliveries possible for parents and the best possible outcomes for babies. That's why we work closely with our Neonatal Intensive Care and Cardiac Intensive Care Units to care for babies immediately after delivery.



Excellence in obstetric anesthesiology

We are one of just a few centers worldwide with a Center for Excellence in Obstetric Anesthesiology designation from the Society of Obstetric Anesthesia and Perinatology, or SOAP.



9

Trained obstetric and pediatric anesthesiologists

Labor and Delivery

As one of just a few freestanding children's hospitals in the nation with a dedicated Labor and Delivery Unit, we provide a fully integrated, comfortable space for mothers of high-risk babies, that offers care from prenatal diagnostic testing to postpartum care.

Our dedicated team of maternal fetal and obstetric providers, anesthesiologists and maternal fetal nurses specializes in caring for new and expecting patients through delivery and beyond. What's more, parents can stay in the same room for the duration of their stay. In the case of a neonatal transport from another facility, we can transport and care for the mother so they can stay with their babies.

Our space includes 12 rooms for labor and delivery, postpartum recovery and infant stabilization, plus triage and ultrasound rooms. That's in addition to two operating rooms for surgery: one for cesarean sections and one fetal surgery suite with space for as many as 35 clinicians at once.

[Learn more about Fetal Cardiology →](#)



24

Labor and delivery nurses



5

Dedicated OB/GYN hospitalists



2,000+

Deliveries since 2012



Conditions We Treat

Our center has the experience and expertise to treat virtually any condition that might affect an unborn baby or newborn — no matter how rare. But even more important than our array of treatments is our rate of success. We value transparency in our outcomes, which is why we track and report the outcomes that matter. Below is a list of conditions we treat:

- Abdominal wall defects
- Achondrogenesis
- Achondroplasia
- Agenesis of the corpus callosum
- Ambiguous genitalia
- Amniotic band syndrome
- Anencephaly
- Aortic valve stenosis
- Aqueductal stenosis
- Arachnoid cysts
- Arthrogyposis
- Atrioventricular canal defect
- Bladder exstrophy
- Bladder outlet obstruction
- Body stalk anomaly
- Bronchopulmonary sequestration
- Campomelic dysplasia
- Cardiomyopathy
- Cerebral calcifications
- Cervical teratoma
- Choledochal cyst
- Chondrodysplasia punctata
- Cleft lip and palate
- Clinodactyly
- Cloacal exstrophy
- Clubfoot
- Coarctation of the aorta
- Colonic atresia
- Complete atrioventricular septal defect
- Congenital diaphragmatic hernia
- Congenital high airway obstruction syndrome
- Congenital pulmonary airway malformation
- Conjoined twins
- Craniosynostosis
- Cystic hygroma in early or late pregnancy
- Cystic lesions of the abdomen
- Dandy-Walker malformation and variants
- Diastrophic dysplasia
- Double outlet right ventricle
- Duodenal atresia and stenosis
- Ebstein anomaly
- Echogenic kidneys
- Ectopia cordis
- Ectrodactyly
- Ellis-van Creveld syndrome
- Encephalocele
- Enteric duplicational atresia
- Epignathus
- Epulis
- Esophageal atresia and tracheoesophageal fistula
- Exencephaly/acrania
- Fetal cardiac conditions
- Gastroschisis
- Goiter
- Hemifacial microsomia
- Hemivertebrae
- Heterotaxy syndrome
- Hirschsprung's disease
- Holoprosencephaly
- Hydranencephaly
- Hydrocephalus
- Hydronephrosis: ectopic ureterocele
- Hydronephrosis: minimal
- Hydronephrosis: ureteropelvic junction obstruction
- Hydrops fetalis
- Hydrothorax
- Hypertelorism
- Hypophosphatasia
- Hypoplastic left heart syndrome
- Hypotelorism
- Immune hydrops
- Imperforate anus
- Interrupted aortic arch
- Intra-abdominal calcifications
- Intra-abdominal calcifications-hepatic
- Intra-abdominal cysts
- Intracranial hemorrhage
- Intrauterine death in one twin
- Intrauterine growth restriction
- Jarcho-Levin syndrome
- Jejunioileal atresia and stenosis
- Liver tumors
- Macrocephaly
- Macroglossia
- Malformations in twins
- Mediastinal teratoma
- Mesoblastic nephroma
- Microcephaly
- Micrognathia and agnathia
- Microphthalmia and anophthalmia
- Monoamniotic twins
- Multicystic dysplastic kidney
- Myelomeningocele (spina bifida)
- Neuroblastoma
- Nonimmune Hydrops Fetalis
- Oligohydramnios
- Omphalocele
- Osteogenesis imperfecta
- Other cystic lesions of the chest
- Ovarian cysts
- Overgrowth syndromes
- Pentalogy of Cantrell
- Pericardial teratoma
- Persistent cloaca
- Polycystic kidney disease
- Polydactyly
- Polyhydramnios
- Porencephaly
- Pulmonary agenesis
- Pulmonary atresia with intact ventricular septum
- Pulmonary stenosis
- Pyloric atresia and stenosis
- Radial aplasia
- Renal agenesis
- Retinoblastoma
- Rhabdomyoma
- Sacrococcygeal teratoma
- Short-rib polydactyly syndrome
- Single umbilical artery
- Sirenomelia
- Syndactyly
- Tetralogy of Fallot
- Thanatophoric dysplasia
- Total anomalous pulmonary venous return
- Transposition of the great arteries
- Tricuspid atresia
- Truncus arteriosus
- Twin reversed arterial perfusion sequence
- Twin-twin transfusion syndrome
- Umbilical cord abnormalities and tumors
- Vein of Galen aneurysm
- Ventricular septal defect
- Ventriculomegaly
- Wilms' tumor
- Zika virus

Research

Children's Colorado is one of the largest university-affiliated healthcare research complexes in the world and as a result, we are continually working to develop new therapies across the perinatal spectrum. In fact, the Perinatal Research Center is the longest standing research and educational program on the Anschutz Medical Campus. Faculty members who conduct studies at the Center are on the leading edge of research in maternal, placental and fetal physiology.



40+

Active fetal
research studies

27+

Perinatal research
awards, including 5 R01s

Research and trials

Children's Colorado is one of the largest university affiliated healthcare research complexes in the world, and as a result, we are continually working to develop new therapies across the perinatal spectrum.

Some of our active trials for TTTS, CDH and MMC include:

Expression of micro RNAs in maternal serum in normal mono-di twin pregnancies and those with twin-twin transfusion syndrome

This study is designed with the researchers to learn more about circulating micro RNA in women with monochorionic-diamniotic twin pregnancies. In learning more about these micro RNAs we may be better able to predict those pregnancies at highest risk for complications like TTTS.

Role of protein and miRNA biomarkers in amniotic fluid of patients with twin-twin transfusion syndrome

This study aims to learn more about TTTS and how proteins in pregnant women's amniotic fluid affect babies' health and heart, compared to healthy babies.

Fetoscopic Endoluminal Tracheal Occlusion Trial (FETO)

The goal of FETO is to combat the limited lung growth often caused by CDH. The procedure blocks the unborn baby's airway with a balloon-like device, which allows fluid to build up. This helps their lungs grow, which may improve the baby's quality of life.

Micro RNA as a Maternal and Neonatal Biomarker to Predict Congenital Diaphragmatic Hernia Severity

This study aims to learn more about predicting disease severity among babies born with congenital diaphragmatic hernias. The goal is to study CDH before birth to better understand how to treat babies with this diagnosis once they are born. The possible benefits of research from data and samples include learning more about what causes CDH and other diseases, how to prevent them and how to treat them.

Management of myelomeningocele-plus

This study aims to learn more about prenatal spina bifida repair and development following fetal surgery. The possible benefits of research from this study includes learning more about what causes spina bifida and other diseases, how to prevent them and how to treat them.

Sleep-disordered breathing (SDB) in patients with myelomeningocele

This multi-center study aims to learn more about early diagnosis and treatment of SDB and how it impacts sleep development and quality of life in MMC patients.

Baby Care Plan

Many expectant parents have a birth plan detailing every aspect of their child's birth, from pacifiers to pictures. For a parent whose baby has a prenatal diagnosis, that planning process is even more involved. That's why our neonatology experts developed the Baby Care Plan, which helps expectant patients prepare for the care their baby will need after delivery.



This tool helps align each individual involved in a baby's care, from primary care providers to obstetricians to other hospitals. The Baby Care Plan helps make sure each baby has the best possible chance at a healthy, happy life — even in the event of the unexpected.

Get started at childrenscolorado.org/BabyCarePlan

Annual fetal reunion

Our support for families does not end when they leave our care, and neither do the bonds they form with other families they meet during their time at the Colorado Fetal Care Center.

Through our work, we've built a community of patients and families that support one another, and it's important to us that we continue to foster these relationships. Every year, this community comes together to share recent milestones and learn about each child's life. For details on the next reunion, please contact us.



2023 Volumes and Outcomes

Twin-twin transfusion syndrome (TTTS)

Outcomes (Jan. 2012-Dec. 2022)

	Solomon Group	Children's Colorado Group
Overall survival	74%	76.2%
At least one surviving neonate	85%	87.4%
Double survival	64%	64.9%
TAPS or reoccurring TTTS	4%	4.1%

411

SFLPs between 2012 and 2022

64.9%

Survival for both twins since 2012 (higher than national benchmark)

90.5%

Survival for at least one twin since 2012 (higher than national benchmark)

24/7

Access to care

Congenital diaphragmatic hernia (CDH)

216+

Total patients treated since 2012

79%

Overall CDH patient survival since 2012

70%

Percentage of deliveries on site in 2023

52%

ECMO survival rate in 2021 (National benchmark 40-60%)

Myelomeningocele (MMC)

38%

Shunt rate in 2022 (MOMS trial benchmark)

108

Fetal MMC surgeries since 2012

37

Babies with prenatal MMC repairs delivered onsite since 2012

(Jan. 2012-Dec. 2022)

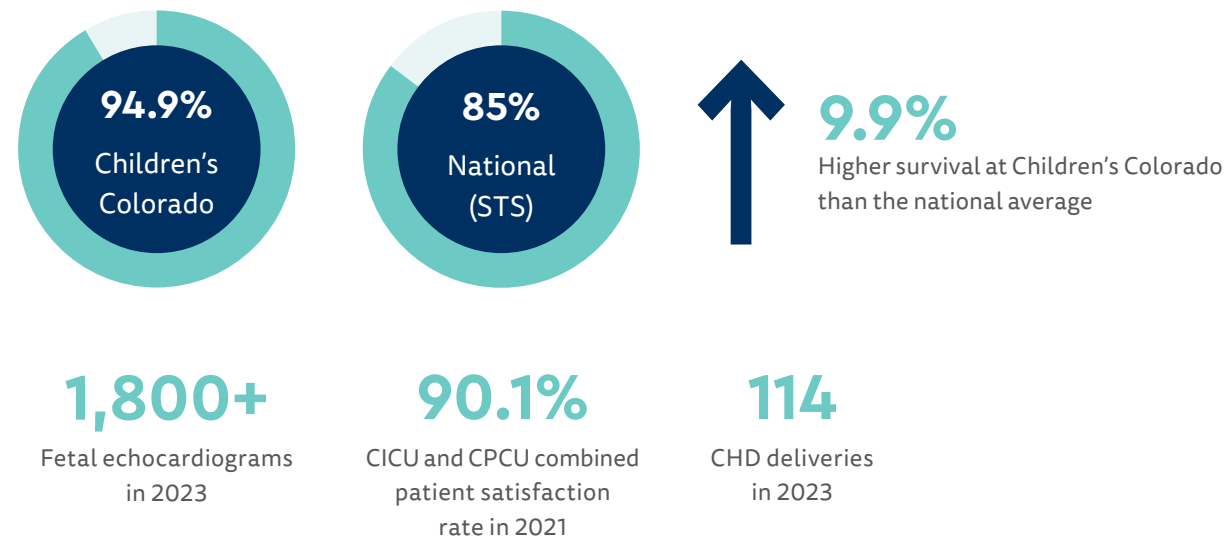
Clinical outcomes	Children's Colorado	MOMS Trial
Dehiscence at repair site	7%	13%
Shunt at one year	30.6%	40%
Delivery at Children's Colorado	34.3%	N/A
Post-op length of stay	4.6	NR
Gestational age, weeks	32.1	34.1 +/- 3.1

(Jan. 2012-Dec. 2022)

Patient characteristics at time of repair	Children's Colorado	MOMS Trial
Maternal age, years	29	29.3 +/- 5.3
Gestation age, weeks	24.2	24
Body mass index, kg/m2	27.6	26.2 +/- 3.7

Fetal cardiology

Stat 5 newborn survival (Jan. 2019 – Dec. 2022)

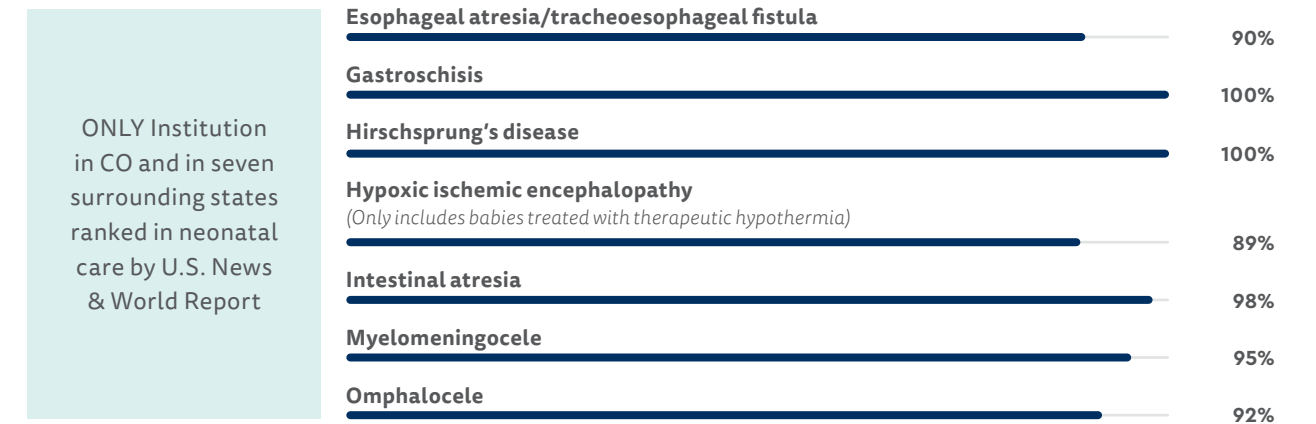


Cardiac surgery: Neonatal and infant survival (July 2018 – June 2022)

Age	Total patients	Observed survival rate Children's Colorado	Expected survival rate Children's Colorado	National survival (STS)
Newborns	344	95.06%	93.79%	92.64%
Newborns + Infants	944	96.72%	96.43%	95.85%

Neonatal intensive care unit (NICU)

Clinical volume survival 2012–2023



97.2%

Overall NICU survival rate from 2022, despite high-risk population

36

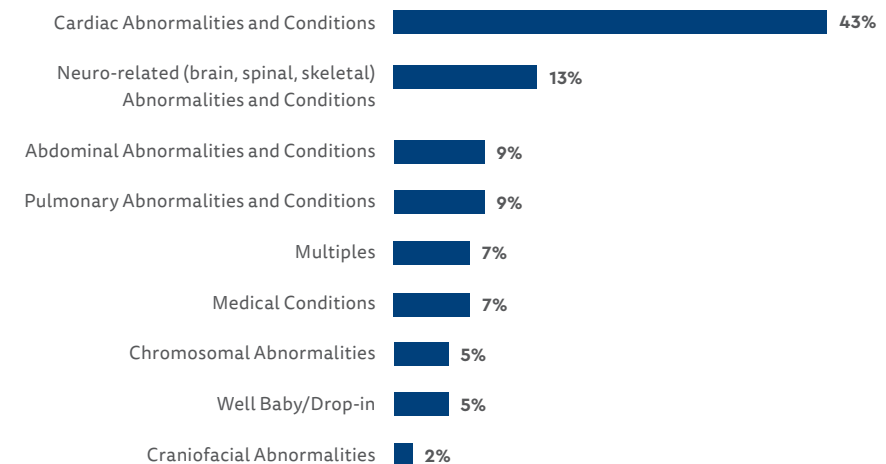
Board-certified neonatologists



Designated at the platinum level by the Extracorporeal Life Support Organization

Labor and delivery

2023 deliveries at a glance



20+

Labor and delivery nurses

5

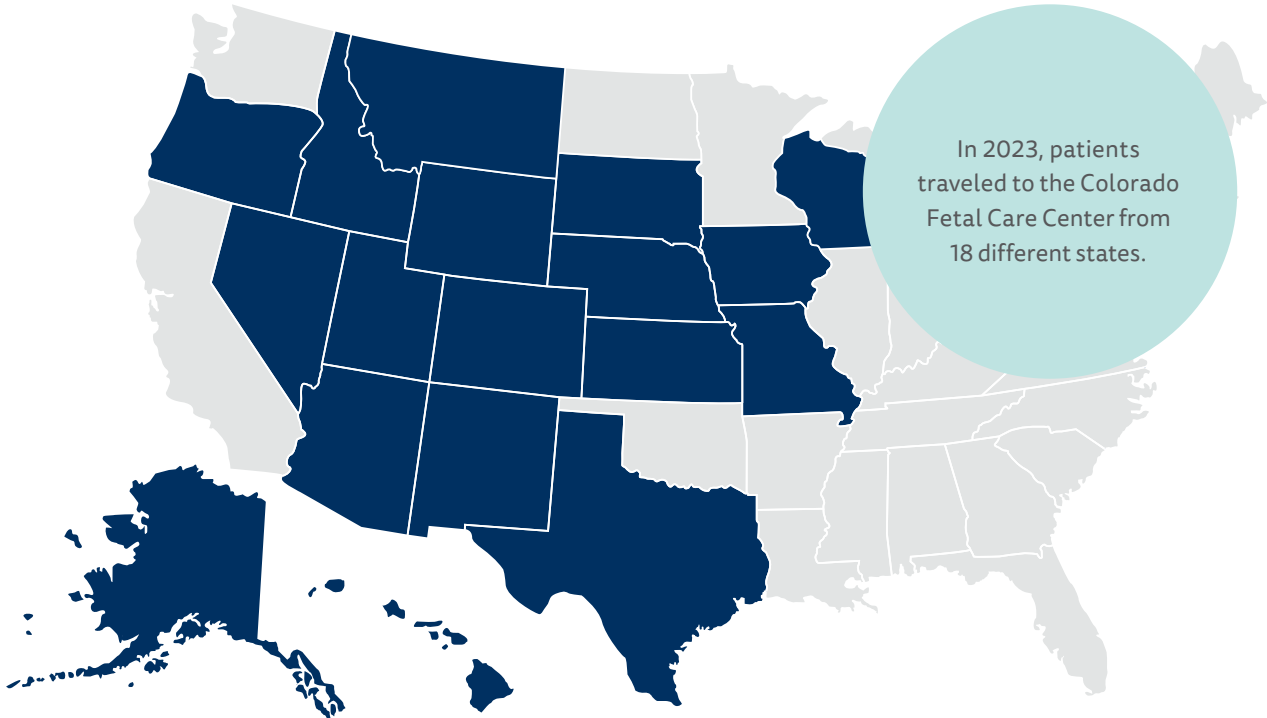
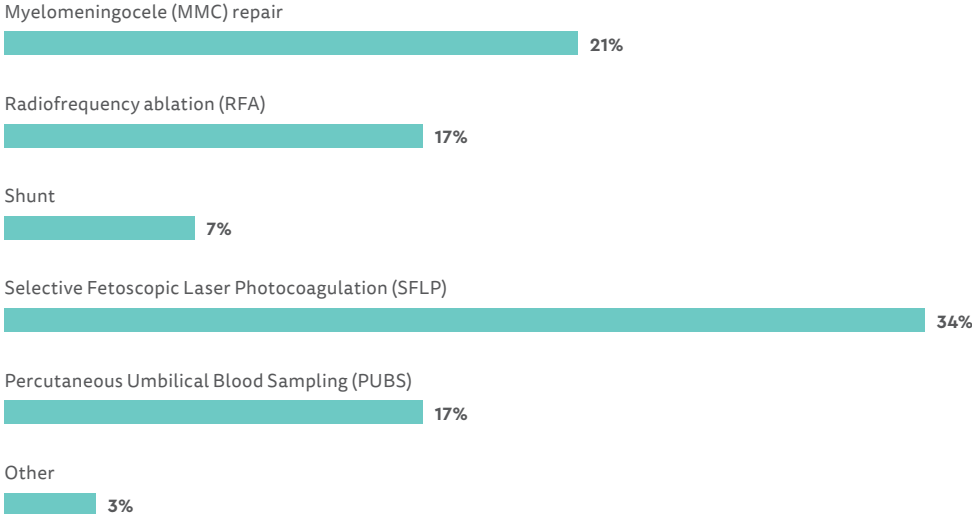
Dedicated OB/GYN hospitalists

2,000+

Deliveries since 2012

Fetal surgery

Fetal procedures 2023



900+
Fetal surgeries since 2012

1,200+
Evaluations annually

4
Fetal surgeons



Colorado Fetal Care Center



Children's Hospital Colorado

Maternal Fetal Medicine
Labor and Delivery
Fetal Surgery
Fetal Cardiology
Neonatology
Pediatric Subspecialty Care

Contact us

We happily accept referrals, consultations and requests for second opinions. We'll give you an honest appraisal of the best care options for your patients and families.

Anschutz Medical Campus 13123 East 16th Avenue, Aurora, CO 80045



720-777-4463



childrenscolorado.org/Fetal-Care

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-720-777-1234。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-720-777-1234.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገልግሎት ያገኙት: በነጻ ለኃገራችን ተዘጋጅተዋል። ወደ ማከተለው ቁጥር ይደውሉ 1-720-777-1234 (መስማት ለተሳናቸው።

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-720-777-1234 (رقم

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-720-777-1234.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-720-777-1234.

ध्यान दनु होस तपाइने नेपाल बोल्नेहरू भने तपाइको निम्त भाषा सहायता सवाहरू नःशल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-720-777-1234 ।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-720-777-1234.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-720-777-1234 まで、お電話にてご連絡ください。

Ni: O buru na asu lbo, asusu aka oasu n'efu, defu, aka. Call 1-720-777-1234.

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