Objective
Since the MOMS Trial was published in 2010, fetal surgery is considered a new therapy for select fetuses with spina bifida aperta (myelomeningocele, MMC, and myeloschisis, MS). In 2010, we opened our own fetal surgery program in Zurich and we report here on the key outcome results of our first 100 patients.

Methods
All patients underwent prenatal evaluation following a standardized protocol. Eligibility criteria were similar, but less strict than for the MOMS Trial. Operative procedures and all pre- and postoperative management regimens were basically in line with the ones used in our partner clinic at the Children’s Hospital of Philadelphia. Pertinent data were collected prospectively.

Results
The first 100 women undergoing maternal-fetal surgery and, correspondingly, the first 100 babies born were enrolled in this analysis. Cesarian section was performed between 31\textsuperscript{2} and 37\textsuperscript{2} weeks of gestation (median 36\textsuperscript{2} weeks). One fetus (1%) had to be delivered at the end of fetal surgery due to placental abruption (25\textsuperscript{2} weeks). One baby (1%) died postnatally due to lung hypoplasia and respiratory failure. As of today, a ventriculoperitoneal shunt (VPS) was placed in 27 babies (27%), an endoscopic third ventriculostomy (ETV) in 7 (7%). 30 (30%) had normal bladder and bowel function. Lower extremity function was better than predicted in 53 babies (53%), and 24 of 40 patients were independent ambulators (60%). Maternal safety was preserved in all mothers (100%).

Conclusion
These results are in line with or better than the benchmark data generated by the MOMS-Trial and post MOMS-data. Moreover, these data confirm that select fetuses with MMC or MS benefit substantially from antenatal repair.