

Watching the unborn

Lambs in a man-made womb unlock secrets of uterine life and aid perfection of artificial lungs

by Barbara J. Culliton

Development of an artificial womb is a research goal that has overtones of science fiction to it. The known problems involved—nutrition requirements, regulation of the environment, the possible need for darkness or periodic motion to simulate conditions in the mother's uterus—are compounded by the many unknowns about the process of fetal development itself.

But the very unknowns are driving scientists to attempt the creation of a laboratory womb, and to study the development of the mammalian fetus in a situation where observation is possible.

A focus of the present effort is a laboratory at the National Heart Institute in Bethesda, Md., where an artificial womb has been used to keep some 35 fetal lambs alive for up to 55 hours. Out of these experiments have already come some indications that the classic theories of fetal circulation may have to be somewhat revised.

The experiments at the heart institute's Laboratory of Technical Development are also testing an artificial lung, an adjunct to the womb research, that is important in its own right.

On a recent Thursday at the NHI lab, an operating table and a clear plastic fish tank were wheeled into the laboratory and surgeons performed a cesarean section on a pregnant ewe. Then Dr. Warren Zapol pulled a squirming, kicking fetal lamb from its mother and plunged it into the waiting tank filled with synthetic amniotic fluid.

Tubes inserted in the unborn lamb's blood vessels during surgery became its umbilical cord. Through one, an intravenous solution of sugars, vitamins, heparin and protein-building amino acids slowly dripped from a jar suspended above the tank. Another connected to a compact artificial lung that supplied oxygen and carried carbon dioxide away.

Monitors showed oxygen and carbon dioxide levels were in good balance and fetal metabolism was normal.

The lamb soon settled comfortably into its new environment, kicking and turning occasionally as it would have inside its mother's body.

About three hours later, Dr. Zapol and his colleagues, Drs. Theodor Kolo-

bow, Joseph Pierce, Gerald Vurek and Robert Bowman, wheeled the lamb to an X-ray room where they transferred it to a smaller tank, about the size of a dish pan, and with some difficulty positioned a long, flexible polyurethane catheter in its heart. While Dr. Zapol squirted radiopaque dye through the catheter, radiologist John Dopppman took movies of the fetal circulatory system, showing the routes blood takes through the heart to the animal's head and body and out the umbilical cord.

"What we're seeing," Dr. Zapol enthused, "is that some of the things we learned in medical school about fetal circulation may not be true." Classical physiology holds that in a fetus only minimal amounts of blood circulate through the lungs, which do not function as an oxygen supply house until the creature begins breathing at birth. Instead, according to the theory, the major portion of blood flows from the heart through a wide-open passage called the ductus arteriosus to umbilical arteries into the placenta where it picks up fresh oxygen and deposits carbon dioxide before being recirculated through the fetus. Then, within a few hours of birth, the ductus closes, shutting off the lung by-pass.

"These first films of circulation of a fetus behaving normally in an artificial womb indicate that the ductus is not wide open," Dr. Zapol observes. "Furthermore, raising and lowering the content of oxygen in the fetal blood, we seem to be able to change the size of the ductus. And since it turns out that it is regulated by oxygen concentrations, we may now have a technique for forcing it shut in abnormal babies," he speculates, stressing that evidence at this point is extremely sketchy and will remain so until additional experiments are conducted next fall when more pregnant ewes become available.

Before any sound prediction of future applications of the womb can be made for either research or human use, the NHI researchers have to show that a fetus can actually grow, not just survive, in their man-made womb. "We will have to keep a fetus alive for a week or more and then deliver it from the tank. We haven't done that," Dr.

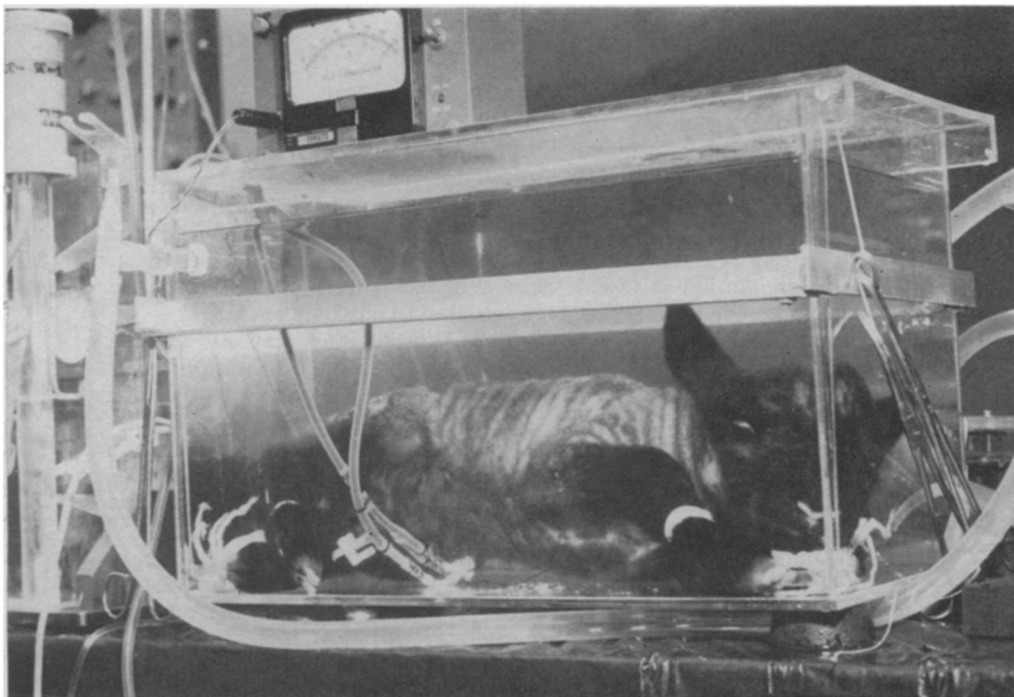


Dr. John Dopppman

Zapol declares, though he thinks it may be possible. To date, average survival time in the tank is about 40 hours—the longest survivor lived 55 hours—though death has been unrelated to critical factors such as blood cell breakage from the artificial lung. Infection (conditions are clean but not sterile), pulled plugs and loose cords have accounted for deaths.

Eventually, it might be possible to place extremely premature infants into such a womb—the offspring, for example, of diabetic mothers who often have difficulty carrying a baby to term—to support them until they can survive on their own. Tempting as it is to speculate, however, development of this artificial uterus is not likely to lead to growing test-tube babies in a brave new world. "First of all," says Dr. Zapol, "our system depends on an umbilical cord. We're talking about supplying oxygen and nutrients to a developing fetus, not providing a home for a newly fertilized egg."

While aimed on the one hand at revealing details of prenatal life, the NHI experiments are also focused on establishing the safety and efficiency of the silicone membrane lung, which could save thousands of infants born in the United States every year with hyaline membrane disease and other disorders in which the infants' lungs fail to supply oxygen to the blood. The pint-sized lung, designed by Dr. Kolobow, had been tested successfully on young lambs (SN: 8/3, p. 109) before its use this year on fetal lambs, two newborn human infants and one adult cancer patient. It appears to have several advantages over standard lung machines



Dr. Raymond Chen

From X-ray studies of unborn lambs, living in a plastic womb where they are supplied oxygen by pint-sized membrane lungs, Dr. Zapol hypothesizes that classic theories of fetal circulation may be somewhat revised.

which can be used only for a matter of hours because they invariably damage delicate blood cells.

The Kolobow lung, powered by a pump that gently transports blood, seems to circumvent this hazard, partly by eliminating severe physical stress and by preventing blood passing through it from coming in direct contact with gases—oxygen and carbon dioxide. The lung itself is a seven-foot-long envelope of silicone rubber membrane coating a flexible skeleton of stretchable nylon knit. The envelope, fitted with inlet and outlet ports for oxygen and carbon dioxide, is wound around a plastic spool the size of a pint bottle. Blood enters the membrane lung through a tube in one end of the spool and flows between the layers of silicone envelope picking up oxygen and depositing carbon dioxide as they diffuse across the walls.

With Dr. Gordon Avery of Washington's Children's Hospital, Drs. Zapol and Kolobow used the lung in attempts to save premature infants whose own blood was being shunted past their lungs. In October, a fatally ill baby boy lived for four hours on the lung, showing temporary signs of recovery—he became alert and turned pink—shortly before death. In December, another premature infant was put on the lung in a desperate effort to save his life; he made it for 12 hours.



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"It's hard to call these two cases either successes or failures," Dr. Zapol comments. "We learned that it is a workable method of getting oxygen into the infant's blood, that we can improve the ratio of blood gases and that there was virtually no damage to blood cells. But the patients died. Because the lung is experimental we selected only those babies with a zero chance of survival. It's hard to judge the lung in such cases. We'd like to try again—infants with underdeveloped lungs are born all the time in this city—but we get few referrals; few doctors know about it." ◇

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