Congenital cystic adenomatoid malformation (CCAM), also called congenital pulmonary adenomatoid malformation (CPAM), is a rare hamartomatous cystic lesion. Our previous study noted that the occurrence is approximately 4.01:10,000 in China. Open fetal surgery currently provides a potential therapeutic option for management of the fetus with CCAM diagnosis. A 22-year-old G2P0 female presented at 211/7 weeks' gestation for evaluation of a fetus with a left lung lesion and diagnosed as CCAM at 283/7 weeks' gestation. Open fetal surgery was performed to resection the lesion at 292/7 weeks' gestation under deep maternal general anesthesia. The mother presented at 35/7 weeks after open fetal surgery with preterm premature rupture of membranes (PPROM) and underwent cesarean delivery at 326/7 weeks' gestation. A vigorous female infant of 1955 g, with good Apgar score, was delivered. At one month, 4 years, and present, 6 years after birth, she has continued to do well without any obvious deficit and both respiration and circulation were well maintained. Complex care undergoing fetal surgery requires a well-coordinated multidisciplinary team. Nurses in many roles are essential members of the team that cares for this woman across the continuum. A basic maternal medical, obstetric history, information about family support, family's anxiety level, and their understanding of the diagnosis are obtained during the initial screening. The surgical procedure and potential risks and benefits are reviewed, informed consent obtained, and any remaining questions the family may have been answered before the surgery. After discharge, psychosocial support of the women and her family is extremely important throughout this experience. Follow-up assessments continue for the child each year and long term follow-up will continue at 10 and 15 years. The nursing care undergoing fetal surgery is complex and provides an essential thread of continuity through the process.

Biography
Jinping Feng is an Associate Professor and Deputy Director of Nursing at Southern Medical University Affiliated Maternal & Child Health Hospital of Foshan; Head Nurse of the Department of Obstetrics at Southern Medical University Affiliated Maternal & Child Health Hospital of Foshan; Deputy Director of Foshan Midwife Association; Member of Education Committee of Guangdong Nursing Association and; Member of Nursing Committee of Guangdong Women and Children’s Health Association.

liuzphil81@outlook.com

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