Trisomy 18, also known as Edwards syndrome, is a genetic condition caused by an extra chromosome 18. Babies with trisomy 18 generally have many complex medical complications, including heart defects, growth restriction, a small abnormally shaped head, and clenched fingers with overlapping fingers.

Because of the severity of medical complications associated with trisomy 18, only about 50% of babies with trisomy 18 will survive to delivery. About 5-10% of babies with trisomy 18 will live past the first year of life, with a much smaller percentage surviving to adulthood. All of these individuals will have severe intellectual disability, and will have significant medical issues that will require full-time caregiving.

Finding out your pregnancy has trisomy 18 can be very difficult. Determining what to do next can be even more challenging. Some people who know that their pregnancy has trisomy 18 would choose to carry the pregnancy to term, and use the information to be prepared for the baby’s arrival. Others would choose to terminate (or abort) a pregnancy that has many significant medical complications.

There is no right or wrong answer; only the answer that is right for you and your family. GSF aims to provide you with the information you need to make that difficult decision, and are here to support you in any way that we can.
Find more information about trisomy 18 at the Trisomy 18 Foundation’s [web site](#).

Click [here](#) to learn more about scheduling a genetic counseling appointment for pregnancy-related questions.

Click [here](#) to learn more about scheduling a genetic counseling appointment for infertility or preconception questions.

Click [here](#) to learn more about scheduling a genetic counseling appointment for questions about pediatric or adult genetic conditions.

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