

Gastroschisis

Gastroschisis is a birth defect in which a gap in your baby's abdominal wall allows the stomach or intestines to protrude outside of the body. The majority of babies with this problem are born to mothers in their late teens or early 20s. Gastroschisis occurs in about one in every 5,000 births. The cause of gastroschisis is unknown.



How is gastroschisis diagnosed?

Gastroschisis is usually detected at the routine 16-20 week screening ultrasound when intestines are seen floating in the umbilical fluid outside the baby's abdomen.

Although it is important to carefully monitor your pregnancy with ultrasound studies, genetic tests are usually not needed. Sometimes gastroschisis can produce a bowel obstruction or blockage, which can slow the baby's growth. Your baby's growth will be monitored by ultrasound.

If your baby has been diagnosed with gastroschisis, we would be happy to schedule a consultation with your family and one of our top surgeons, as well as a CHOC neonatologist and your perinatologist, to prepare for the birth and subsequent care of your baby.

What will happen when my baby is born?

Your perinatologist, a specialist in fetal and maternal medicine, will discuss your delivery plans. Most babies with gastroschisis deliver around 37 weeks and can be delivered either vaginally or through cesarean section. Your baby should be born at a hospital with close access to a neonatal intensive care unit (NICU). CHOC Children's NICU is designated a Level 4 NICU—the highest level available because of the complex conditions we treat—and we have the only Surgical NICU on the West Coast.

Your baby will be assessed by a neonatologist and a pediatric surgeon and will need surgery soon after birth. If the gastroschisis is too large to be closed during the surgery, a covering called a silo is placed over the exposed abdominal organs. Then, the organs are gradually reduced through the silo into the opening and returned to the body in a gradual process that can take up to a week. If the defect is small and the condition of the intestines allows, the abdomen will be repaired immediately.

Babies with gastroschisis can stay in the hospital from two weeks to several months. Because your baby's intestines have been floating in amniotic fluid for months, they are often swollen and need time to start to function. Babies are discharged from the hospital when they are taking all their feedings by mouth and are gaining weight, and once intestinal function has returned.



What is the long-term outcome for a baby with gastroschisis?

There is a range of severity for fetuses with gastroschisis that depends entirely on the condition of the intestine. Overall survival for a baby born with gastroschisis is more than 95 percent. Fortunately, most fetuses with gastroschisis do not have severe damage to the intestine before birth. The relatively normal intestine can be returned to the abdomen and the defect closed in one or two surgical operations shortly after birth. These babies will still be in the NICU for several weeks before the intestines work well enough to allow feeding and subsequent discharge home.

To schedule a consultation with a CHOC Children's pediatric surgeon, please call 714-364-4050.

Photo provided by Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities.

