

If you labour before then it is safe to have your baby in Truro with transfer to Bristol after birth. It is more difficult to predict how long the baby will be in hospital and you will be given more information about this when you visit the unit in Bristol.

Will this condition affect my baby's future life?

If your baby has no other problems, the outlook is very good following surgical repair. However, following an operation, there is always a small risk of future obstruction occurring. If your baby has a bilious vomit or swollen abdomen, seek medical advice. You will continue to be monitored at Treliske once your child has been discharged from Bristol. They will be able to offer help and advice as your child develops.

Any questions?

If you have any questions, please do not hesitate to contact us.

Fetal Medicine Unit
Royal Cornwall Hospital

Tel: 01872 252682

Your GP, midwife or obstetrician may also be able to give you more information.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690



Duodenal atresia

Fetal Medicine Unit

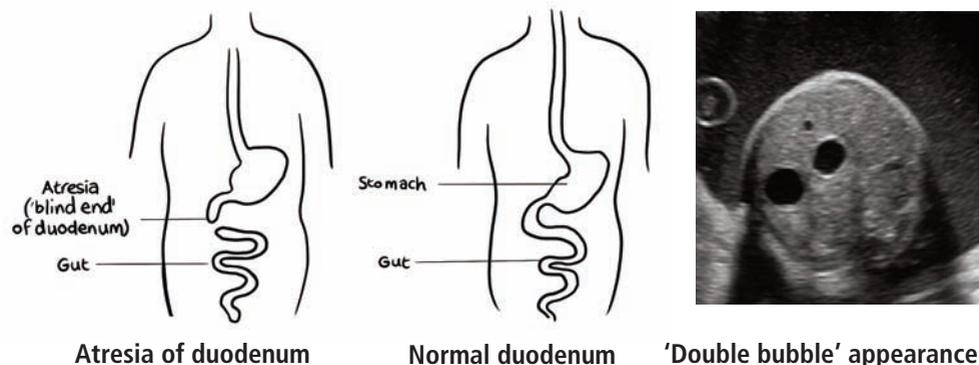


Who is this leaflet for?

As you know, an ultrasound scan has shown that we think your baby has a condition known as duodenal atresia. This leaflet aims to give you more information on the condition and what you can expect during pregnancy, delivery and after your baby is born.

What is duodenal atresia?

This is a condition where the first part of the small intestine just after the stomach is closed off rather than being a tube. This stops food and fluid passing from the stomach into the intestines. If left untreated, this blockage will prevent food passing through into the rest of the gut once your baby is born. It is a rare condition and occurs in about 1 in 10,000 births. Occasionally there may not be a complete atresia but a partial narrowing (stenosis) instead.



How is it detected?

On an ultrasound scan we can sometimes identify this problem before birth. The scan clearly shows the stomach and just below it a further fluid filled area, which gives a 'double bubble' appearance. This is because the amniotic fluid that the baby is swallowing cannot pass along the gut through the blockage. If the condition is identified during pregnancy, you will be referred to a surgical team so that they can meet with you and discuss the options for treatment after birth. Sometimes it is not detected until after the delivery. In this case the baby may appear well but once they start to feed, they are sick and their vomit is green. An X-ray can confirm diagnosis once baby is born.

Why does it occur?

The problem occurs very early in pregnancy when two tubes meet to form the duodenum. Why they fail to connect properly is not understood, but it is not thought to be associated with anything you did or didn't do.

Will my baby have other abnormalities?

We know that some babies with duodenal atresia may have other problems. One in five babies with duodenal atresia will also have Down's syndrome. A test to check the baby's chromosomes before (or if you wish, after) birth will be discussed with you. Detailed scanning of the rest of the baby is very important to find out if there are other structural problems.

Will it cause problems during pregnancy?

The amniotic fluid that surrounds your baby is regulated by the baby swallowing it and then passing it back out as urine. When the baby has duodenal atresia this cycle is interrupted, as the fluid is unable to pass through the blockage. This can result in a condition known as polyhydramnios, which is excessive fluid around the baby. This could cause you to go into early labour, and we therefore monitor the pregnancy carefully by planned ultrasound scans. If polyhydramnios does occur, we can sometimes treat it by removing some of the excess fluid, but this would be discussed with you fully if we thought it necessary.

Where will the baby be born and what treatment is required?

Ideally you will be able to have a normal vaginal delivery. A caesarean section is only needed if there are other specific problems that require this. All babies with a duodenal atresia need to be born in a hospital where the doctors can repair the condition with an operation. This requires your baby to have a general anaesthetic. The surgeon will connect the duodenum with the rest of the intestine. This is the only way to treat the condition and allow your baby to feed. For these reasons, we recommend that your baby is born at St Michael's Hospital in Bristol. We will arrange for you to meet with the paediatric surgeon and specialist nurse during your pregnancy to discuss the care of your baby once it is born. This will mean travelling to Bristol for a planned appointment at some stage in your pregnancy. Delivery is usually arranged for 38-39 weeks.