

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.

Image reproduced courtesy of US Centers for Disease Control and Prevention: www.cdc.gov

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



Gastroschisis

Fetal Medicine Unit



Who is this leaflet for?

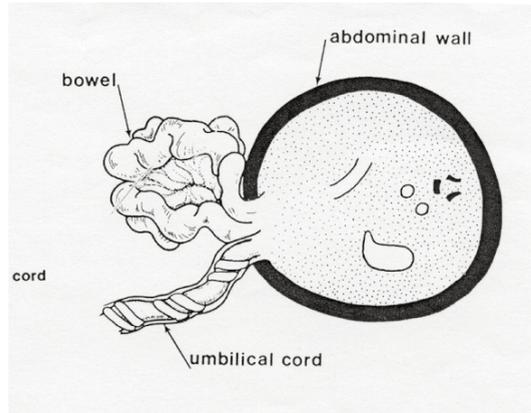
The ultrasound scan has shown that your baby has a condition called Gastroschisis. The leaflet explains more about this condition and aims to answer some common questions.

What is gastroschisis?

In this condition, the baby has a small hole in the front of the abdomen at the side of the umbilical cord. This allows the contents of the abdomen, the intestines or gut to protrude. 1 in 3000 babies are born with gastroschisis.



A baby with gastroschisis



Cross section of baby's tummy

Why does it occur?

The problem starts very early in pregnancy when the abdominal wall of the baby is forming. It is not clear why the abdominal wall does not close completely.

Will my baby have other abnormalities?

It is unlikely that there will be other abnormalities. We will obviously scan the rest of your baby very carefully to check.

Will it cause problems through pregnancy?

Most babies with gastroschisis have no further problems during the pregnancy but occasionally a segment or loop of bowel can become twisted or blocked.

This can sometimes be seen on scan. We usually plan a normal delivery and this is usually two to three weeks before your due date.

Where will my baby be born?

All babies with a gastroschisis need to be born in a hospital where doctors who are used to dealing with these problems can assess the baby. Your baby will need surgery after birth to replace the bowel inside the abdomen and possibly to remove a section of blocked bowel.

For these reasons we recommend that your baby is born at St Michael's Hospital in Bristol. Birth can usually be natural and caesarean is only required for other unrelated problems that might affect your pregnancy. Your baby may need to go to the Neonatal Unit for a while and then will be transferred to where the paediatric surgeons will assess him or her. Should your baby be born prematurely, it is likely that this will need to be in Truro. We will then arrange to transfer you both to 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 he or she is born. This will mean travelling to Bristol for a planned appointment at some stage in your pregnancy. This is usually at about 32 weeks. At this visit a Fetal Medicine specialist will scan your baby and then arrange a date at about 37 weeks for induction of labour (or caesarean if indicated for other reasons).

It is difficult to predict how long your baby will need to be in hospital, and you will be given more information when you visit the unit in Bristol.

Will this condition affect my baby's future life?

Usually the operation to repair the hole in the abdomen is successful and there are no longer term effects on your baby's development and quality of life. If the bowel becomes bruised or damaged by being outside the abdomen it may take a while for feeding to become established. Occasionally more severe problems may occur, which we cannot predict, but which mean the outlook for the baby is less good. Rarely, too much bowel is damaged by its abnormal position in the womb to enable the baby to survive after surgery.