

Will this condition affect my baby's future life?

If there are no other associated problems, the defect in the abdominal wall may be operated on shortly after birth, but some larger defects may require long-term treatment. The majority of babies are likely to make a good recovery and have a normal life.

If there are other structural problems or the baby has an underlying genetic diagnosis the outlook may be more serious. The Fetal Medicine team will discuss the possible consequences for your baby.

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.

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Exomphalos or Omphalocele

Fetal Medicine Unit



Who is this leaflet for?

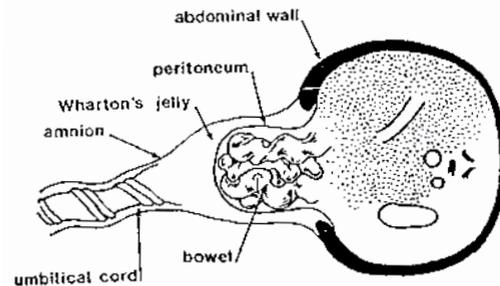
The ultrasound scan has shown that your baby has a condition called exomphalos or omphalocele. This leaflet explains more about this and aims to answer some common questions.

What is an exomphalos?

In this condition, there is a weakness of the baby's abdominal wall near the umbilical cord. This allows the baby's intestines or bowel to protrude through the weakness like a hernia would. The intestines are enclosed in a sac rather like a balloon at the base of the umbilical cord. It occurs in approximately 1:5000 pregnancies.



A baby with exomphalos



Cross section of baby's tummy

Why does it occur?

The problem starts very early in pregnancy when the abdominal wall is forming. It is not clear why the abdominal wall does not close properly. 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 an exomphalos have other problems. Chromosome or genetic abnormalities are more common in babies with this condition. We will discuss with you whether we should carry out further tests

to find out if the baby's chromosomes are normal. Detailed scanning of the rest of the baby is also very important to try to find out if there are any other structural problems.

If the baby's chromosomes are normal, and we don't see any other structural problems, the outlook for the baby is likely to be good.

If we do find other abnormalities, we will fully discuss the implications with you.

Will it cause problems during the pregnancy?

If the baby has no other abnormalities, it is unlikely there will be problems during pregnancy. We usually plan a normal delivery in this situation, and caesarean section is only indicated for other unrelated pregnancy problems.

Where will the baby be born?

All babies with an exomphalos need to be born in a hospital where doctors who are used to dealing with these problems can assess the baby. Most babies with exomphalos need surgery after birth to correct the problem.

For these reasons we may recommend that the baby is born at St Michaels Hospital in Bristol. The baby may need to go to the neonatal unit for a while, and then may be transferred to where the paediatric surgeons will assess him or her. In selected cases when the exomphalos is only small, delivery at the Royal Cornwall Hospital may be appropriate.

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. 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 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.