

PRENATAL ULTRASOUND FINDINGS

What is Gastroschisis?

Gastroschisis is a birth defect in which some of the baby's intestines are located outside of the body. Babies with this condition have a small opening in the abdomen (belly) near the umbilical cord. The opening lets the intestines move outside the baby's body. Rarely, other organs are also outside of the body. This birth defect happens in about 1 out of every 2,000 pregnancies. It is almost always found by ultrasound during pregnancy.



What causes gastroschisis?

The abdominal wall forms in the first 2 months of pregnancy. Gastroschisis happens when the wall of the abdomen does not form correctly, but the cause is unknown. Most of the time there is no history of gastroschisis in the family. No prenatal exposure is known to be a main cause for this birth defect. The only clear risk factor is the age of the mother. Gastroschisis is much more likely to happen in babies of young women (under 20 years old).

Could the gastroschisis go away?

The gastroschisis will not go away before birth. The defect in the baby's abdomen remains open until after delivery. After delivery, the defect is closed by a procedure in the hospital.

Can there be other birth defects in a baby with gastroschisis?

A baby with gastroschisis can sometimes have damage to the intestines, but birth defects in other parts of the body are not usually present. The most common problem seen in babies with gastroschisis is intestinal atresia (blocked areas of the intestines). Only about 1 in 10 babies with gastroschisis has a separate birth defect, such as a defect in the heart, kidney, or brain.

Are more tests needed?

Additional tests may be done to learn more about your pregnancy:

Level 2 Ultrasound: A level 2 (detailed) ultrasound is done to look carefully at the baby. Many physical birth defects can be found by ultrasound; however, some birth defects are difficult to find during pregnancy.

CVS or Amniocentesis: CVS and amniocentesis are two optional tests that can diagnose chromosome conditions in a developing baby. Chromosome conditions are more likely when there is more than one birth defect present. Both CVS and amniocentesis have a very small risk for miscarriage.

Will I need special prenatal care?

Your doctor will recommend follow-up ultrasounds during pregnancy to monitor the baby's growth. Your doctor may also want to see you more often during your pregnancy. Babies with gastroschisis can be delivered vaginally; however, it is strongly recommended that you deliver in a hospital with a neonatal intensive care nursery (NICU) and a neonatal surgical team. Babies with gastroschisis are often born early or are smaller at birth than they should be. It is important to discuss delivery plans with your doctor early in your pregnancy.

What happens after a baby is born with gastroschisis?

When a baby is born with gastroschisis, special care is needed to protect the exposed intestines. The intestines may be wrapped in a protective covering or placed immediately into a special device called a “silo”. Then, the intestines are moved back inside the body as soon as possible, generally a little bit each day. For simple cases, the intestines can sometimes be moved into the abdomen immediately after birth, or within a day or two. For complicated cases, the repair may be done more slowly. It could take several days to complete the process, depending on the condition of the intestines. Once the intestines are inside the body, a procedure is done to close the opening in the abdomen. The abdominal repair typically happens within the first week after birth. Overall survival rate for babies born with this birth defect is 90-95%.

Babies with gastroschisis are not able to breastfeed or digest any food right away. A nutritional formula is given by blood (intravenously or IV) until the intestines start working. Babies with gastroschisis also need a tube placed in the mouth down to the stomach. This tube lets the stomach juices drain and prevents vomiting. Babies stay in the hospital until the intestines start working and they are eating well and growing. Breastfeeding is usually possible once the intestines are working. Babies with gastroschisis may stay in the hospital for several weeks after birth, but the exact time varies for each child.

Do babies with gastroschisis have long-term medical problems?

Most babies with gastroschisis have a successful repair and do not have long-term medical problems. However, some babies will have problems related to the birth defect. This can include slow movement of food through the body or sections of the intestines that become swollen and damaged (necrotizing enterocolitis or NEC). A small number of babies with gastroschisis develop “short bowel syndrome”. Babies and children with short bowel syndrome have a hard time getting nutrients from the food they eat. This condition usually improves over time.

Where can I get more information?

You can speak with your doctor, nurse practitioner, nurse midwife, or a genetic counselor if you have additional questions about this ultrasound finding. If you are interested in more information about the surgical management, you can ask for a referral to a pediatric surgeon.

Kaiser Genetics Departments

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