

What is gastrochisis?

The word Gastrochisis comes from two Greek words, “gastro” meaning stomach, and “schisis” to split. A fetus with gastroschisis has a hole in the abdominal wall (belly) just to the right of the belly button. The opening is usually small, but can be a couple of inches or centimeters in length. Usually, the hole is big enough, and the baby’s bowel can pass through the hole and float freely outside of the belly in the water in the sac around the baby called amniotic fluid. The bowel which are outside the body aren’t protected by the skin and over time become irritated. Sometimes parts of the stomach can also be outside the belly.

How does gastrochisis happen?

We don’t know why gastrochisis happens. It is rare. It occurs once in every 2000 to 3000 pregnancies. We have noticed that recently it is happening more often. It is found more often in young women and those who smoke or use drugs, but often women who have a baby with gastroschisis have no risk factors at all. Gastrochisis is not usually seen with other genetic defects or in conditions such as Down’s syndrome.

Should I have more tests done?

Your doctor may recommend a detailed ultrasound to look for other abnormalities, or a fetal echocardiogram (to look at the baby’s heart) if this has not been seen well on your initial ultrasound. Typically, ultrasounds are done every month or so to keep an eye on growth of baby and to reevaluate the bowel. Often it is advised that fetuses are monitored with Dopplers of the umbilical artery to ensure that the placenta continues to function well.

What are the things to watch for during the pregnancy?

Babies with gastrochisis do not grow as well, so testing with ultrasounds should be done regularly to measure growth and to evaluate how the placenta is working. Evaluating fetal movement, breathing, tone and fluid is commonly done later in the pregnancy as another way to see how the baby is doing. Many doctors will also recommend to do a test that listens to the baby heart rate for 20 to 30 minutes later on in pregnancy. This is also to ensure that the baby is doing well.

Gastroschisis is also associated with preterm labor and stillbirth, but stillbirth is rare in fetuses that are monitored. It is important to let your doctor know if you are experiencing symptoms of labor, such as contractions, leaking of fluid, or bleeding, or if you are not feeling baby move.

In terms of delivery planning, you should consider delivering at a hospital where there are pediatric specialists who can take care of babies with this condition, and where there are pediatric surgeons to repair the defect and replace the bowel inside the belly. Gastrochisis, by

Gastrochisis

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itself, is not a reason to have a cesarean section, so you can consider a vaginal delivery at term as long as there are no other concerns in the pregnancy. Because of the risk of baby dying during the pregnancy, most doctors will recommend inducing the labor a few weeks before your due date to prevent a stillbirth.

What does it mean for my baby after it is born?

If your baby is found to have this condition during pregnancy, surgery once the baby is born can be done to replace the bowel inside and fix the opening in the belly. The first few weeks after birth can be especially challenging for babies with gastroschisis. Babies born with this condition can be smaller than average. They need to recover from surgery, and their bowel takes time to heal before they can start to process formula or breast milk. They often need to be fed intravenously (by vein) with special fluids. Your baby's doctor will help to make sure baby is feeding and will watch closely for signs of infection or signs that the bowel is not working as it should, also known as an obstruction. If obstruction develops, the baby may need additional surgery. Fortunately, long term complications are rare. Most babies recover well and live a normal life. Some babies will be left with long term problems with their bowel due to bowel injury and may not be able to process food as well as others. There are a few signs on ultrasound that may indicate that the baby is at higher risk of long term problems.

Will it happen again?

Gastrochisis is not thought to be passed down through genes or inherited. There is very low risk of it happening again in another pregnancy.

What other questions should I ask?

- Does this look like simple or complicated gastrochisis?
- Does the baby have any other abnormalities in addition to the gastroschisis?
- How often will I have ultrasound examinations done?
- Where should I deliver?
- Should I delivery vaginally or by cesarean section?
- Where will the baby receive the best care after it is born?
- Can I meet in advance the team of doctors that will be looking after my baby when it is born?

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