

## Gastroschisis Information for Parents

### What is Gastroschisis?

Gastroschisis is a birth defect where a baby's bowel sticks out of its body through a hole on one side of the umbilical cord. Each year 8 -10 babies in WA are born with gastroschisis. There has been an increase in this condition recently; however the reason for this is unknown. It is most common in women aged less than 24 years.

### When is it diagnosed?

Gastroschisis may be diagnosed after routine pregnancy screening tests such as an ultrasound in the first trimester or after an abnormal maternal serum screening in the second trimester. Gastroschisis may also be diagnosed during a routine ultrasound performed between 18-20 weeks of pregnancy.

### What will happen in the pregnancy?

Your pregnancy care will be managed through the high risk pregnancy clinic at King Edward Memorial Hospital (KEMH). You will be able to discuss your baby's condition and management with the Maternal Fetal Medicine specialist, neonatologist and paediatric surgeon.

As babies with gastroschisis are often small, regular ultrasounds of your baby will be required to check on growth and wellbeing. Regular fetal heart rate monitoring will start later in the third trimester of pregnancy and is performed in the Maternal Fetal Assessment Unit at KEMH. The Maternal Fetal Medicine midwife will organise for you to visit the Neonatal Unit at KEMH and Princess Margaret Hospital (PMH) as your baby will need to be transferred here after it is born.

### Possible complications

There are several known complications in pregnancies diagnosed with gastroschisis which include slow fetal growth, premature birth and stillbirth. Regular pregnancy monitoring will help recognise and manage these complications.

### Labour and birth

Most mothers of babies diagnosed with gastroschisis can achieve a normal vaginal delivery. 50 percent of women will go into labour before 37 weeks gestation. If labour has not occurred by 38 weeks, an induction of labour will be organised. Early delivery by elective caesarean section does not offer any additional benefit to the baby. There will be a neonatologist at the delivery to care for your baby.

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## Neonatal Care

After delivery, a sterile bowel bag will be placed over your baby's tummy to protect the bowel from infection and heat loss. The baby will be transferred to the Neonatal Unit at KEMH straight away to be stabilised before being transferred to PMH for surgery. Surgery is usually performed within the first six hours of life.

75 percent of babies will have an uncomplicated surgery to place the bowel back into the abdomen. Some babies may need more than one surgical procedure.

The average length of time a baby will be in hospital is between two to four weeks, depending on the type of repair and if there are any complications. Occasionally complications may occur that require the baby to remain in hospital for longer. Survival rates for babies with gastroschisis are as high as 85-90 percent and most do very well after discharge from hospital.



Before surgery



After surgery

## Postnatal stay for the mother

You will be transferred to PMH to be with your baby as soon as you are medically fit and there is a room available.

Your baby will not be able to breastfeed in the beginning due to the surgery so your midwife will show you how to express breast milk.

## Contact details:

### Maternal Fetal Medicine Unit

Telephone: (08) 9340 2705 Fax: (08) 9340 1060  
[www.kemh.health.wa.gov.au/services/mfm](http://www.kemh.health.wa.gov.au/services/mfm)

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