

## Gastroschisis

UCLA Health offers comprehensive care for babies and families diagnosed with gastroschisis during a pregnancy. Our multidisciplinary team of specialists includes genetic counselors, advanced fetal imaging services, obstetric and maternal fetal medicine doctors, and lactation services for the pregnant person and pediatric surgeons, neonatal intensive care unit (NICU) team, child life specialists and social work and mental health support for the newborn and family.

### What is Gastroschisis?

Gastroschisis is a birth defect that develops in a baby while a person is pregnant. This condition causes a hole to develop in the abdominal (belly) wall beside the belly button and many of the internal organs of the baby may exist on the outside. More commonly, other structures like intestines, ovaries, and testicles are outside the body. Less than 1% of the time, the liver is outside the body which indicates a poor prognosis.

### How is Gastroschisis diagnosed?

Gastroschisis can be diagnosed by ultrasound during pregnancy, most often in the second trimester. Additional ultrasounds may be used to thoroughly evaluate the rest of the baby and check on your baby's growth.

### How often does this condition happen?

Gastroschisis affects as many as 1 out of 2,000 babies.

### What are some risk factors for developing this condition?

While many times, there are no risk factors for this condition, some known risk factors for gastroschisis are young maternal age, smoking, or alcohol use in early pregnancy.

### What are some potential complications for this condition?

In more severe cases of gastroschisis, organs such as the bowel, stomach and liver can push through the opening in the abdominal (belly) wall. There can be an increased risk for poor fetal growth and preterm delivery. Gastroschisis is rarely associated with genetic abnormalities or congenital heart disease.

### Are there any treatment options during pregnancy for this condition? (only for relevant fetal surgery interventions)

Babies with gastroschisis cannot be treated during pregnancy. Surgery may be performed after your baby is born. Our UCLA Health team of specialists can provide counseling during pregnancy and the surgical care your baby needs after delivery.

### How does this condition potentially affect my birth experience?

Once a diagnosis of gastroschisis is made, your care team will meet with you to talk about your baby's condition, the rest of your pregnancy and your delivery options. You may have more frequent ultrasounds during the remaining weeks of your pregnancy to monitor your baby's health before delivery. Please know that at UCLA Health, we have experts to care for both you and your baby during pregnancy and after delivery that include high-risk obstetrics, neonatology and pediatric surgery. Your

team will also include additional specialists such as lactation and child life specialists to ensure a holistic, person-centered experience.

### **What will the course after birth look like after I deliver?**

After your delivery, your baby will be transferred to the neonatal intensive care unit (NICU) where specialized doctors and nurses will provide care for your baby. A pediatric surgeon will examine your baby to determine what type of surgery is needed.

In the most common and best-case scenario of uncomplicated gastroschisis, there are no associated abnormalities. The gastroschisis can be treated at the bedside without the need for a breathing tube.

In more complex cases, a temporary bag called a silo may be required to facilitate reintroduction of bowel over time, and repair may be performed in the operating room.

It is common for feeding to be delayed because the bowels are slow to work after repair of the defect. Most babies stay in the NICU about one month. During this time, babies receive IV nutrition until they achieve full feeds. A hernia may develop after repair, but surgery to repair the hernia is rarely required and can be delayed until the baby is older. Some boys may also have undescended testicles, which may also require surgery later in life.

In less-common and more-complicated cases of gastroschisis, the bowel may have a blockage, reduced blood flow, or poor function. Depending on the specific circumstances, additional operations may be required to remove bowel, place a feeding tube in the stomach, and/or place a special long-term catheter to provide IV nutrition. Not surprisingly, the length of stay for more complicated cases can be quite long (months).

### **Who will be part of my UCLA Health care team?**

You and your baby will be cared for by expert specialists in [maternal fetal medicine](#), [pediatric surgery](#), [clinical genetics](#), [nursing](#), lactation specialists, social workers, mental health specialists, [child life specialists](#) and [neonatologists and the neonatal intensive care unit \(NICU\)](#).

### **What are my choices for this pregnancy?**

Your UCLA Health care team will support the options you have in your health care. When a pregnancy is diagnosed with fetal gastroschisis, this does not mean that you will require a cesarean section. Depending on your unique situation, your care team will discuss whether you can deliver your baby vaginally or if a cesarean section will be required.

### **How likely is this condition to happen again to my family?**

Gastroschisis is a rare birth condition and not a family-inherited condition. It is unlikely that this will happen again in a future pregnancy or for someone else in your family. UCLA Health will offer you genetic counseling resources where you can discuss this in detail.

### **Resources:**

[The Global Gastroschisis Foundation](#)

[March of Dimes](#)

[U.S. Centers for Disease Control and Prevention](#)