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CLINICAL GUIDE: Gastroschisis



Overview

GS is a birth defect where a herniation in the abdominal wall before 11 weeks gestation allows the intestinal loops to develop outside the abdomen.

In the majority of cases, this is an isolated defect with a good prognosis. Sequelae associated with complex cases include the need for parenteral nutrition and short bowel syndrome, so special prenatal follow-up is necessary.

Action

Transfer to a tertiary centre

Ultrasound

Routine fetal echocardiography not required

Establish a prenatal diagnosis of simple GS vs complex GS at each ultrasound

Serial ultrasound every 4 weeks if simple GS without intrauterine growth restriction (IUGR)

Ultrasound if complex GS: increase frequency to every 2 weeks. Fetal monitoring tests weekly from week 28

Gastroschisis obstetric ultrasound checklist: GS description

Gestational age: _____

Diameter of the defect: _____

Intra-abdominal bowel dilation: YES or NO

Extra-abdominal intestinal dilation diameter > 13 mm before 24 weeks or > 25 mm after 24 weeks: YES or NO

Herniation of the stomach: YES or NO

Stomach dilation (Diameter PA > e DS): YES or NO

Absence of intestinal lumen in the extra-abdominal loops: YES or NO

Disturbance of mesenteric circulation: YES or NO

Help: YES or NO

Volvulus: YES or NO

NST

Begin fetal monitoring with NST from 32 weeks

Simple GS: Weekly NST

Complex GS: NST twice a week

GS with IUGR: Obstetric Doppler weekly or more frequent as appropriate

Check list: Description of fetal well-being

Estimation of fetal weight and percentile	Amniotic fluid volume (AFV)
Umbilical artery Doppler	Middle cerebral artery Doppler
NST	Biophysical profile
Delivery	
Provide betamethasone if delivery is before 37 weeks	
Expect delivery at 37 weeks	
Mode of delivery according to obstetric indication	