Gastroschisis Antenatal Surveillance

Ultrasound diagnosis of gastroschisis
Targeted US\(^1\)

Genetic counseling

Additional non-gastrointestinal structural abnormalities\(^2\) or other genetic risk factor

no  yes

No amniocentesis  Amniocentesis

Referral to Center for Maternal and Infant Health

Center staff to arrange consult with Maternal-Fetal Medicine, Pediatric surgery, and Neonatology

Growth US q3-4wks starting at 26-28wks EGA\(^1,3\) at tertiary care center

IUGR

Consider betamethasone
Alternate NST with BPP/Doppler for 2x weekly testing beginning at 32-34wks EGA\(^4,5\)

Nonreassuring testing

To Labor and Delivery for evaluation

Reassuring testing

Normal

NST/BPP 2x weekly beginning at 32-34 wks EGA\(^5\)

Deliver at 36-38wks EGA\(^6,7\) at a tertiary institution where appropriate neonatal care is available\(^8\)

Mode of delivery based on OB indication\(^9,10,11,12\)
References


   Offer invasive testing for fetal karyotype when gastroschisis is associated with additional non-gastrointestinal structural abnormalities.


   If additional abnormalities, oligohydramnios or IUGR are detected, closer fetal surveillance is warranted.

   Consider steroids if abnormalities detected prior to 34 weeks gestation to enhance fetal maturation in the event preterm delivery becomes indicated.


   Begin antenatal fetal surveillance at 32-34 wks EGA given increased risk of fetal demise late in pregnancy.


   Elective early delivery has not been recommended because it does not decrease the need for silo closure or the time until enteral feeding begins.


Bowel dilatation alone is not an indication for early delivery if fetal growth, amniotic fluid volume, and fetal testing remain reassuring. Delivery should occur at a tertiary institution where appropriate neonatal care is available.


No clear evidence that mode of delivery alters outcome. In the absence of standard maternal indications for abdominal delivery, recommend vaginal rather than cesarean section. Cesarean delivery should be undertaken only for the usual obstetrical reasons.


Some suggest cesarean delivery for gastrochisis with liver involvement. There is inadequate evidence on which to base such a recommendation.


Labor and rupture of membranes have not been proven to adversely affect outcome.

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Notification to Users

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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