Gastroschisis Antenatal Surveillance

Prenatal Diagnosis of Gastroschisis

Search for other anomalies (10-14%: CNS, Cardiac, Renal, Karyotype if other anomalies; weigh benefits of microarray even if isolated; include if karyotype normal)

Fetal growth scans, sonographic monitoring for development of complex gastroschisis features every 4 weeks starting at 28 weeks

Refer to pediatric surgery, neonatology around 30 weeks so presence of complex features can be discussed

Weekly antenatal testing from 32-34 weeks

Simple gastroschisis

Scheduled delivery at 37 weeks; cesarean for OB indications only

Complex gastroschisis

Antenatal testing 2x weekly at time of ID of complex features

Simple gastroschisis: Isolated defect

Complex gastroschisis: co-existing necrosis, Atresia, perforation, volvulus, IUGR
REFERENCES


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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