Gastroschisis (gas-tro-SKEE-sis) is a condition in which incomplete formation of the abdominal wall (belly) allows portions of the intestines or other organs (gut) to develop outside of the body. Gastroschisis occurs 5-8 weeks after conception, most likely due to a disruption of the blood supply to the developing abdominal wall. In California in 2005, CBDMP found gastroschisis in 1 out of every 1,727 of births surveyed. Prenatal screening can detect about 83% of abdominal wall defects.

Associated Conditions
Only 10% of infants with gastroschisis will have accompanying birth defects. Roughly 4% of infants with gastroschisis will have a birth defect involving the heart.

Causes & Risk Factors
The causes for gastroschisis are unknown, although several risk factors have been identified. Mothers with the following characteristics have been found to be at higher risk for having a baby with gastroschisis:

- Younger age of mother
- No previous births
- Maternal gynecologic or urinary infection
- First trimester use of aspirin
- Smoking
- Substance abuse

Prevention
There are a number of steps a woman can take to reduce her risk of having a baby with a birth defect. Please see CBDMP’s fact sheet on Reducing the Risk of Birth Defects.

Preconception & Prenatal Care
A fetus thought to have gastroschisis may need close monitoring during pregnancy. Some babies (55%) with gastroschisis are born prematurely, and most (77%) will have intrauterine growth restriction, (below-average growth before birth) because the unborn baby may lose nutrients through the exposed organs. The baby may sometimes be delivered early to limit the damage of the exposed tissue. The delivery method (Caesarean section or vaginal) has not been found to affect the outcome of the baby. The fetus should be delivered at a facility that has personnel capable of handling all aspects of neonatal care.

Medical Care
After delivery, care will be used to keep the baby warm, provide any necessary fluids, and protect the exposed organs until the baby is stable enough for surgery. The baby may need care at a special care center. During surgery, the exposed organs will be placed back into the baby, and the hole will be closed. Sometimes the exposed organ(s) will not fit back into the baby during surgery, and a process will be implemented (e.g., silo) to place them into the baby over several days.

Roughly 10% of babies with gastroschisis will have a blockage of the intestine. This blockage is called atresia, and is repaired by surgery. Complications after surgery may include: trouble breathing (due to crowding of the lungs after the organs are replaced), infection, low blood supply to intestines, pressure on the large blood vessels that carry blood to the legs, and unstable body temperature.

Babies may need intravenous (IV) feeding for several weeks until healing takes place.

Long Term Outcomes
Most babies are successfully treated without long-term complications (85%). Some babies may need physical therapy to help develop abdominal muscles, or periodic assessment by gastrointestinal or nutritional specialists. Children and adults with corrected gastroschisis are at a higher risk for a hernia of the abdominal wall requiring surgery to repair.
Gastroschisis

Resources For Families

California Children's Services (CCS)

California Children's Services (CCS) is a state program for children with certain diseases or health problems. Through this program, children up to 21 years old can get the health care and services they need. CCS will connect you with doctors and trained health care people who know how to care for your child with special health care needs.

(Service eligibility is income-based, but you may be eligible for services if the health care costs exceed 20% of your income.)

Find your local CCS Office –
- In the phone book under California Children's Services or County Health Department
- Or online at: www.dhs.ca.gov/ccs

California Healthy Families Program

Healthy Families is low cost insurance for children and teens. It provides health, dental and vision coverage to children who do not have insurance and do not qualify for free Medi-Cal.

- Phone: 1-800-880-5305 if you do not already have a child enrolled in Healthy Families.
- E-mail: HealthyFamilies@MAXIMUS.com
- Be sure to include your name and phone number.
- In person: Many community organizations have people who are trained to help you apply. Call to find a Certified Application Assistants, or CAAs in your area: 1-888-747-1222. The call is free.
- Website: www.healthyfamilies.ca.gov

Family Resource Centers Networks of California

Their mission is to support families of children with disabilities, special healthcare needs, and those at risk by ensuring the continuance, expansion, promotion and quality of family-centered, parent-directed, family resource centers.

Find your local Family Resource Center –
- In the phone book business pages under Social and Human Services for Families and Individuals or Family Resource Centers
- Or online at: http://www.frcnca.org/

Birth Defects Research for Children, Inc.

Birth Defect Research for Children is a resource for free birth defect information, parent networking and birth defect research through the National Birth Defect Registry.

- Information & Support Groups

Other Information & Support Groups

- Regional Centers in California; nonprofit private corporations that contract with the Department to Developmental Services to coordinate services and provide support for individuals with developmental disabilities. www.dds.ca.gov/RC/Home.cfm
- March of Dimes: www.marchofdimes.com; 1-888-422-2437
- National Center for Birth Defects and Developmental Disabilities 1-770-488-7160 www.cdc.gov/ncbddd
- Family Support Group: http://www.gastroschisis.co.uk/
- UCSF Support: http://fetus.ucsfmedicalcenter.org/gastroschisis/

References