Gastroschisis and Omphalocele: Information for Parents

Gastroschisis and omphalocele are the two most common abdominal wall birth defects. Their causes are unknown, and they are not due to anything a mother did or didn’t do during pregnancy.

Babies with gastroschisis and omphaloceles are the same in some ways and different in other ways. Both are types of hernias where the parts of the body that should be inside the abdomen are on the outside instead. With a *gastroschisis*, the hernia is through a hole in the muscle wall of the abdomen. With an *omphalocele*, the hernia is through the area of the belly button. Babies with omphaloceles also are more likely to have other birth defects



When babies are born with these hernias, they will have several extra things done in the delivery room. The parts that are on the outside will be carefully protected. The abdomen may be covered with warm, wet sterile gauze and plastic wrap, or the baby’s whole body may be put in a big clear plastic bag up to the chest. This is done to keep the babies from losing fluid from the parts that shouldn’t be exposed to the air. These babies also will have a tube hooked up to a suction machine and put through their mouth or nose to their stomachs. This will keep air from getting in and swelling their intestines. An intravenous (IV) line and IV fluids will be started. Antibiotics will be started, too.

Surgery will be needed to put the herniated parts back into the abdomen. If there is enough space in the abdomen, it may be possible to do this in one step. But sometimes the space is not big enough; in that case, it may take a few days to weeks to put everything back in comfortably. Your baby also may have a sonogram of their heart (to rule out any problems) and their abdomen (to make sure the organs on the inside are normal).

It can take a long time for babies with gastroschisis or omphaloceles to be able to be held and eat normally and have normal intestinal function, especially babies with gastroschisis. Once the baby recovers from surgery and the abdomen is closed, they can be held. Starting feedings is a slow process. Your baby may have an IV for a long time until he or she can digest food well. However, almost all of these babies are eventually able to eat on their own.