

Neonatal pre-surgical care pathway:
Anterior abdominal wall defects (gastroschisis/ exomphalos)

Antenatal diagnosis of anterior abdominal wall defect

- Refer to Fetal Medicine Department at the Southern General Hospital (SGH) - or Fetal Medicine Clinic, Yorkhill, irrespective of base hospital for:
 - Initial assessment
 - Multidisciplinary counselling from Fetal Medicine and Paediatric Surgery
 - Later review
 - Neonatal consultation (approaching delivery)
 - Site visit to Neonatal Intensive Care Unit NICU, Yorkhill
 - Further surgical review as appropriate
 - Consideration should be given to obtaining written consent for postnatal management and surgery, because the opportunity may not arise following delivery
- Regular review / updates at weekly Fetal Medicine multidisciplinary team (MDT) meetings
 - Discuss at Fetal Medicine MDT meeting 2 weeks prior to planned delivery
 - NICU in both SGH and Yorkhill to be consulted re timing of delivery to ensure neonatal cot available and that appropriate teams are aware
 - Antenatal details to be available to SGH and Yorkhill NICU staff
 - Counselling details
 - Details of known associated anomalies
- Neonatal transport service to be informed of impending delivery with sufficient notice to facilitate timely postnatal transfer

1. Delivery following antenatal diagnosis of anterior abdominal wall defect

- Elective induction of labour and delivery at SGH

2. Postnatal patient pathway from SGH

Intervention pre-transfer

- Stabilisation of ABC and temperature regulation
- Insertion of large bore nasogastric tube
- Occlusive wrapping of defect to protect intestinal viability
- Support eviscerated bowel whilst supine and lie baby on side (right side down) as soon as clinically appropriate
- Secure intravenous access and obtain baseline bloods including cross match sample
- Intravenous fluids commenced at 90ml/kg
- Intravenous benzyl penicillin and gentamicin given (as per NICU formulary)
- Ensure surgical team and NICU, Yorkhill are informed of birth
- Admission clerking to be completed and photocopy to accompany baby to Yorkhill

Transfer

- Prompt transfer following initial stabilisation; this will need to be an urgent transfer if the bowel appears compromised
 - The aim is transfer to the NICU, Yorkhill within 4 hours or sooner if bowel compromised

3. Postnatal diagnosis referred from sites other than SGH (i.e. no antenatal diagnosis)

- Refer directly to surgical team at NICU, Yorkhill as current practice
- While awaiting transfer, follow above advice for post-natal management

Author

Judith Simpson – Neonatal Consultant RHSC

Other Professionals consulted

Alan Cameron – Consultant Obstetrician SGH

Carl Davies – Consultant Paediatric Surgeon RHSC

Title

Neonatal Pre-Surgical Care Pathway – Anterior Abdominal Wall Defects

Implementation / Review Dates

Implementation 01/08/10

Review Date 01/08/12