Referral to The Fetal Center

Diagnosis of possible fetal gastroschisis on outside ultrasound

Presentation of patient’s case at The Fetal Center weekly multidisciplinary conference for management and delivery recommendations

• Ultrasounds Q3 weeks for fetal growth
• Consider umbilical artery Doppler

Patient instructed on daily kick counts. Begin weekly BPPs @ 32 weeks gestation

Change in fetal status
• Decreased fetal movement
• Change in bowel pattern
• Herniation of new viscera
• Severe IUGR

Increase to twice weekly BPPs. Present patient’s case at weekly multidisciplinary conference to finalize timing and mode of delivery.

Initial Consult at The Fetal Center:
• Comprehensive ultrasound
• Pediatric surgery consultation

*Should ultrasound reveal additional findings genetic counseling will be offered to patient

Consider full transfer of obstetrical care to tertiary care facility by 32 weeks’ gestation

Consider umbilical artery Doppler

Labor and Delivery tour. Neonatology consult & NICU tour

Follow-up pediatric surgery consult if needed

Delivery and transfer of neonate to the NICU for further management

Induction of labor by 37 weeks’ gestation at a tertiary care facility

This flow chart was developed as a flexible educational tool to promote consistency in the general care of patients. It is not intended to substitute for or be used as professional medical advice for any individual and is not intended to set out a standard of care for any specific disease or condition. The treatment of patients requires the exercise of professional medical judgment in order to meet individual requirements. If you have questions regarding your or anyone else’s health, medical care, or the diagnosis or treatment of a specific disease or condition, please consult with your personal healthcare provider.

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