Diagnosis of possible fetal gastroschisis on outside ultrasound → Referral to The Fetal Center

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

Presentation of patient’s case to The Fetal Center multidisciplinary conference at 30 weeks’ gestation to finalize timing and mode of delivery → Begin weekly BPPs @ 32 weeks gestation

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

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

Delivery and transfer of neonate to the NICU for further management → Patient instructed on daily kick counts. Increase to twice weekly BPPs

Begin weekly BPPs @ 37 weeks gestation → Consider induction of labor by 37 weeks’ gestation at a tertiary care facility

• Neonatology consult & NICU tour
• Labor and Delivery tour
• Follow-up pediatric surgery consult if needed

Consider induction of labor by 37 weeks’ gestation at a tertiary care facility → Delivery and transfer of neonate to the NICU for further management

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

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