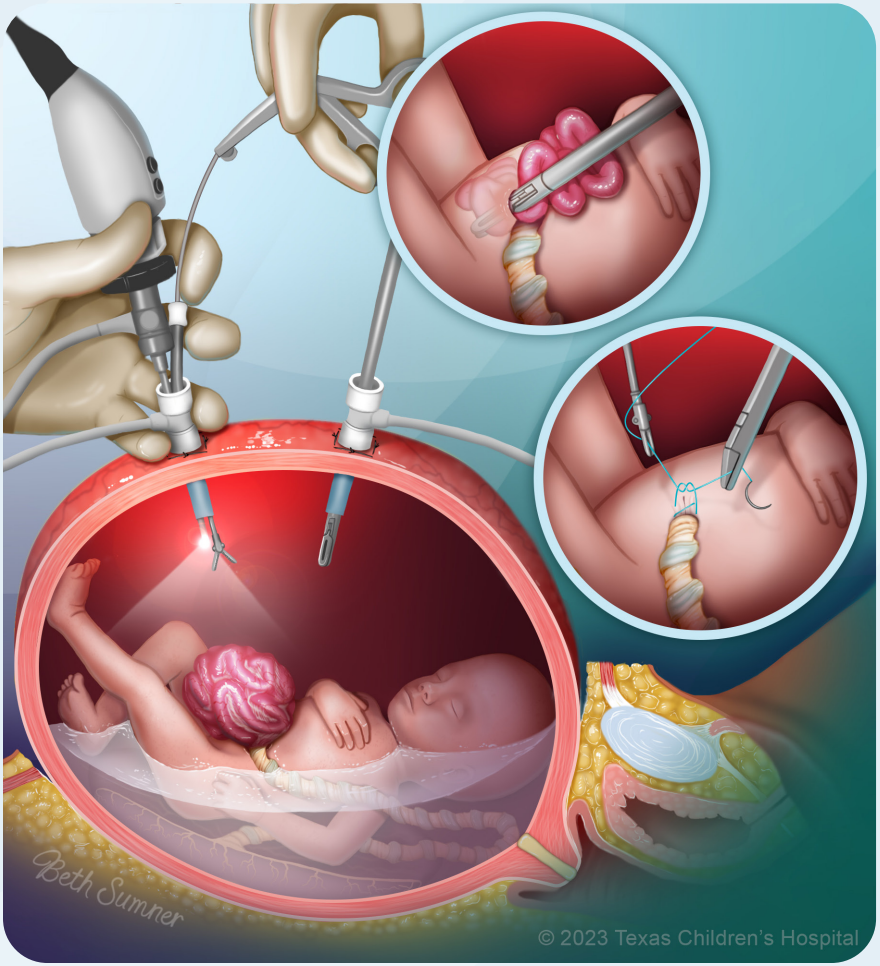


Baylor College of Medicine and Texas Children's Fetal Center®

Referral Guidelines for Fetal Repair of Complex Gastroschisis

Baylor College of Medicine and Texas Children's Fetal Center are conducting a clinical trial to investigate the safety and feasibility of fetal repair of complex gastroschisis via a fetoscopic approach that will assess maternal, fetal, neonatal, and infant outcomes. The hypothesis is that in-utero repair of gastroschisis will reduce postnatal morbidity and mortality in complex gastroschisis infants with minimal maternal and fetal risk.

Texas Children's® Pavilion for Women

Baylor College of Medicine

Inclusion criteria

- Pregnant women - maternal age 18 years or older and capable of consenting for her own participation in this study
- Singleton pregnancy
- Sonographic evidence of gastroschisis (exteriorization of bowel content outside the fetal abdominal cavity into the amniotic cavity)
- Intraabdominal bowel dilation ≥ 8 mm at 20-24 weeks GA reviewed by prenatal ultrasound
- Absence of significant associated anomalies* diagnosed on prenatal ultrasound or MRI
- Gestational age at the time of the procedure will be between 20 ⁰⁄₇ weeks and 27 ⁶⁄₇ weeks
- Absence of chromosomal and clinically significant abnormalities, i.e., normal karyotype and/or normal chromosomal microarray (CMA) by invasive testing (amniocentesis or Chorionic Villus Sampling (CVS)). If there is a balanced translocation with normal CMA with no other anomalies the candidate can be included. Results by fluorescence in situ hybridization (FISH) will be acceptable, if the candidate's gestational age is ≥ 22 + 0/7 weeks. Patients declining invasive testing will be excluded.
- The family has considered and declined the option of termination of the pregnancy at less than 24 weeks and of standard postnatal treatment
- The family meets psychosocial criteria (sufficient social support, ability to understand the requirements of the study)
- Parental/guardian permission (informed consent) for follow up of the child after birth

**Significant associated anomalies are defined as such anomalies that would, in and of themselves, be life limiting or life threatening. A minor anomaly (such as a small VSD or ASD not deemed to be life limiting or threatening, or a cleft lip or other such anomaly, unless part of a genetic syndrome, will not disqualify the patient).*

Exclusion criteria

- Significant fetal anomaly unrelated to gastroschisis
- Evidence of bowel perforation (presence of intraabdominal bowel calcification on ultrasonography)
- Increased risk for preterm labor including short cervical length (≤ 2.0 cm), history of incompetent cervix with or without cerclage, and previous preterm birth in a singleton pregnancy (other than a patient delivered for a non-repeating medical or surgical indication).
- Placental abnormalities (previa, abruption, accreta) known at time of enrollment
- Pre-pregnancy body-mass index (BMI) ≥40
- Contraindications to surgery including previous hysterotomy (whether from a previous classical cesarean, uterine anomaly such as an arcuate or bicornuate uterus, major myomectomy resection, or previous fetal surgery) in active uterine segment
- Technical limitations precluding fetoscopic surgery, such as extensive uterine fibroids, fetal membrane separation, or uterine anomalies
- Maternal-fetal Rh alloimmunization, Kell sensitization, or neonatal alloimmune thrombocytopenia affecting the current pregnancy.
- Maternal medical condition that is a contraindication to surgery or anesthesia
- Maternal HIV, Hepatitis-B, Hepatitis-C status positive because of the increased risk of transmission to the fetus during maternal-fetal surgery. If the patient's HIV or Hepatitis status is unknown, the patient must be tested and found to have negative results before enrollment
- Low amniotic fluid volume (Amniotic Fluid Index less than 6 cm) if deemed to be due to fetal anomaly, poor placental perfusion or function, or membrane rupture. Low amniotic fluid volume that responds to maternal hydration is not an exclusion criterion.
- Patient does not have a support person (i.e., spouse, partner, family member, or close friend) available to support her for the duration of the pregnancy
- Inability to comply with the travel and follow-up requirements of the trial
- Patients that are enrolled or have been enrolled in any another intervention study that affects the mother or fetus
- Maternal hypersensitivity to any of the entities associated with AlloDerm. The use of AlloDerm Regenerative Tissue Matrix distributed by Allergan Aesthetics is contraindicated in patients sensitive to any of the antibiotics listed on the AlloDerm package, i.e., Gentamycin, Cefoxitin, Lincomycin, Polymyxin B and Vancomycin or Polysorbate 20
- Patient scores as severely depressed on the Edinburgh Postnatal Depression Scale (EPDS)

Texas Children's Fetal Center welcomes all referrals. Candidates are carefully evaluated and accepted for maternal-fetal surgery on a case-by-case basis. Please call **832-822-2229** to discuss the eligibility of your patient(s) or to discuss any questions you may have.

To refer a patient, please scan the QR code below or visit **texaschildrens.org/fetalrefer** and fill out our online referral form. Patient historical information and medical records may be uploaded online in the form as well. Please be sure to fill out every field in the form, if possible.

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