

# Gastroschisis Outcomes at NICU in Infants Born with prenatal diagnosis

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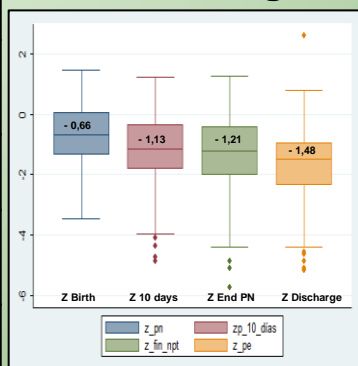
**Methods:** retrospective cohort study of infants with GS whose mothers had consulted to the Fetal Diagnosis and Treatment Program at pediatric Hospital Juan P Garrahan, Argentina, and after they were born came to this hospital's NICU during 2014-2022 period. There were examined and analysed demographic and neonatal characteristics, and NICU discharge outcomes in the cohort. The outcomes measurements, primary survival, secondaries parenteral nutrition (PN) days, stay at NICU, prematurity, small for gestational age, blood stream infection, delayed closure, mechanical ventilation, necrotizing enterocolitis (NEC), cholestasis and postnatal growth failure, defined as 1 SD or less of weight loss at discharge.

**Objectives:** to examine the outcomes of a infants cohort born with gastroschisis (GS) that had prenatal diagnosis.

Perinatal Characteristics n: 174	n (%)	Median (IQR)
Birth Weight (grams)		2270 (2020/2580)
Gestational Age (weeks)		36 (35-37)
Closure Primary Delayed	70 (40 %) 104 (60 %)	
Complex	27 (15 %)	
Feeding initiation (days)		10 (7-15)
Age at 100 mL/kg (days)		22 (16-37)
Survival	168 (97%)	

NICU Morbidities n: 174	Simples n: 147 x/IC	Complex n: 27 x/IC	p
Mechanical ventilation (days)	5 (2 - 15)	9 (3 - 23)	0.003
Parenteral nutrition (days)	28 (17 - 62)	94 (48 - 262)	0.001
Hospitalization (days)	48 (31 - 98)	115 (80 - 303)	0.000
Feeding initiation (days)	12 (7/27)	23 (11 - 47)	0.010
Age at 100 mL/kg (days)	25 (16 - 52)	55 (28 - 95)	0.000
Z Weight at discharge	-1.38 (-1,55/-1,20)	-2.18(-2,84/-1,53)	0.021
Mortality	2	4	0.000

## Z Score Weight



**Conclusions:** although there is a high survival rate in this cohort, this patients present multiple morbidities, especially in infants that presented complex GS. Beign small-for-gestational-age was not a risk factor associated with this pathology. There was an important postnatal growth failure and low exclusive breastfeeding rate at discharge. Having this data is important to improve the prenatal advice and parents counseling.