

Understanding Duodenal Atresia

A Guide for Expectant Parents

What Is Duodenal Atresia?

Duodenal atresia is a condition where a part of your baby's small intestine (the **duodenum**) does not form completely during early pregnancy, creating a blockage just below the stomach. Because of this blockage, the baby cannot absorb the amniotic fluid they swallow.

On an ultrasound, we often see a "**double bubble**" sign — fluid collecting in the stomach and the blocked portion of the intestine. This is the key finding that led to your baby's diagnosis.

A Note of Reassurance

While this diagnosis can feel overwhelming, it is important to know that surgical repair after birth is highly successful. You have a dedicated team of specialists who will be with you every step of the way.

Genetic Considerations

Duodenal atresia is strongly associated with **Down syndrome (Trisomy 21)** in approximately 40% of cases. Because of this, we will offer you genetic testing — specifically an **amniocentesis** for karyotyping and chromosomal microarray — to give your family the most complete picture possible.

We will also arrange a specialized ultrasound of your baby's heart called a **fetal echocardiogram**. Congenital heart conditions are more common in both Down syndrome and duodenal atresia, and identifying them early is a critical part of planning your baby's care.

How Will This Affect My Pregnancy?

Because your baby cannot absorb the amniotic fluid they swallow, extra fluid can build up in your uterus. This is called **polyhydramnios**. The extra fluid can stretch the uterus and slightly increase certain risks:

- Preterm contractions or early labor
- Premature rupture of membranes (water breaking early)
- Your baby being in a breech or unusual position

What We Will Do

We will monitor you closely with serial ultrasounds to track your amniotic fluid levels and watch for any early signs of labor. If you experience increased pressure, contractions, or fluid leaking, contact our office right away.

Delivery Planning

We will plan for you to deliver at a **tertiary care center** equipped with a Level III or IV Neonatal Intensive Care Unit (NICU) and a full pediatric surgery team. Having all specialists in one place at the time of delivery is the

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safest approach for your baby.

What Happens After Birth?

1 Right After Birth

A small, soft tube is placed in your baby's stomach to gently suction fluid — keeping them comfortable and preventing spitting up.

2 First 24 Hours

Your baby receives IV fluids for hydration. A heart specialist (cardiologist) checks for any cardiac concerns before surgery.

3 The Surgery

Once your baby is stable and the heart is cleared, a pediatric surgeon bypasses the blockage. This is not a day-one emergency — stability comes first.

4 Recovery

Your baby stays in the NICU to heal and gradually begins feeding. The length of stay depends on overall health and any associated conditions.

The Long-Term Outlook

>90%

Long-term survival for isolated cases

~40%

Association with Down syndrome
(Trisomy 21)

High

Surgical success rate for bowel repair

The long-term outlook for babies with duodenal atresia is very encouraging. The surgical repair of the bowel blockage is highly effective. Your baby's overall prognosis will be most influenced by the presence of any associated heart conditions and whether they are born early.

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Your Care Team

Specialist	Role in Your Care
Maternal-Fetal Medicine (MFM)	Monitors your pregnancy; coordinates your prenatal care plan.
Neonatologist	Cares for your baby in the NICU immediately after birth.
Pediatric Surgeon	Performs the surgical repair of the bowel blockage.
Pediatric Cardiologist	Evaluates and manages any heart findings before and after surgery.
Genetic Counselor	Explains genetic test results and helps with family planning questions.

You are not alone in this. Our team is here to answer your questions, support your family, and ensure the best possible outcome for you and your baby.

This handout is intended to support — not replace — a detailed conversation with your physician. Content is consistent with ACOG and SMFM clinical guidelines. Atlanta Perinatal Associates · Maternal-Fetal Medicine