

Congenital diaphragmatic hernia (CDH)



What is congenital diaphragmatic hernia?

CDH is a defect in the diaphragm which allows the abdominal contents to move up into the chest causing one or both lungs to remain small, and the heart to be shifted to the opposite side. This occurs early in the baby's development, and seriously affects the baby's health after delivery.

What happens to my baby immediately after birth?

In general, with the first breath or within minutes of birth, the baby develops problems with breathing that need emergency care. A tube called an endotracheal or "ET" tube is passed through the baby's mouth into the lungs and connected to a ventilator (or breathing machine). This assists the baby with breathing because the lungs are too small for the baby to breathe on its own. Another small tube called an orogastric or "OG" tube is passed through the mouth to the stomach. It is connected to suction to allow air or fluid to be removed from the stomach and intestines. This prevents the stomach and intestines from pushing further on the lungs and heart.

The baby will have several IV's to give fluids, medication and nutrients. Medications are commonly given to calm and keep the baby from moving until he/she is less sick. This helps keep the baby's stress level down, allows the baby to sleep, and prevents him/her from fighting the ventilator.

Does my baby look "different"?

The only difference you may see in the baby's appearance is that the abdomen is sunken and the chest appears "barrel-shaped" or very rounded.

How is it treated?

The only way to fix this defect is with surgery. This is done as soon as the baby is well enough after birth. The surgery involves making an incision below the rib cage and pulling the intestines out of the chest and returning them back to the abdomen. The surgeons will explain your baby's surgery to you in detail.

What happens after surgery?

The baby will have the same "equipment" that he/she left with, in addition to a tube in the side of his/her chest. This "chest tube" is connected to a drainage system to allow extra fluid or air to be removed from the chest, and to help the lungs expand. The baby's hospital course will be full of ups and downs.

What can I do for my baby?

It is very important to limit the amount of stimulation the baby receives. The baby is kept under a warmer at all times. It is best for you to talk very softly to the baby while you are near the bedside. To touch the baby, just hold the baby's hand or touch his/her head or extremities without stroking. Be very gentle with your baby. It may be necessary for us to ask you not to touch the baby for a while if he/she is very bothered by touching.

What is the prognosis?

Each baby's prognosis is different depending on the severity of his/her problem. The doctor can explain your baby's management (care) and prognosis.

What is the long-term plan?

Once the baby gets through the surgery and the critical period after surgery, the plan is to get the baby off the ventilator as soon as possible. This is usually a very slow process of several days. As the baby is "weaned" off the ventilator, he/she will be allowed to "wake up" from the medications that were keeping him/her asleep. The baby will need oxygen for a while after he/she is off the ventilator. Once the baby's lungs are stronger, feedings will be started slowly to allow the intestines to adjust. The infant lung has a great ability to grow and develop so that by the end of the first year, most babies have normal lung function.