

Spina Bifida Myelomeningocele

What is Spina Bifida?

Spina Bifida is a birth defect that happens when the tissue surrounding the spinal cord doesn't close properly in the fetus (unborn child). There are three types of spina bifida.

- 1) Spina bifida occulta—the least severe form. The opening in the back is covered with muscle and skin. The spinal cord is usually intact and normal. There may be a tuft of hair or a dimple in the spine. Most children with this type have no signs or symptoms of neurological problems.
- 2) Meningocele—Meninges are the membranes that cover the brain and spinal cord. In a meningocele, just the meninges—no nerves--protrude from the back. Because the spinal cord develops normally, the child may be OK after surgery to close the opening.
- 3) Meningomyelocele or myelomeningocele---the most severe form. Meninges and spinal cord protrude from the back.

For the purpose of this handout, we will discuss myelomeningocele.

How will you know that my baby has a myelomeningocele?

The majority of spina bifidas are diagnosed prenatally—before your baby is born. It is *usually* found by ultrasound. If an amniocentesis is done, it may be abnormal, indicating a problem. Sometimes it isn't detected until the baby is born. It will be evident when the baby is born, with the protrusion on the back.

What other problems might my baby have?

With the myelomeningocele, the spinal cord has also protruded through the back. Because of this abnormal development and spinal cord damage, the baby may have some degree of lower extremity paralysis. The higher the opening on the back, the more severe the damage may be. Children also tend to have problems with bowel and bladder control.

My baby has been born, now what?

Most babies born with spina bifida will go to the operating room 1-2 days after birth. The baby will be anesthetized (put to sleep and not be able to feel anything) and the defect will be taken care of. The protruding part will be placed back into the spinal column, and the defect will be surgically closed. Your baby may come back to the NICU on a respirator to help him/her breathe until the anesthetic is out of the baby's system.

When will my baby go home?

Your baby will go home when he/she is eating and breathing well. We will check the size of your baby's head daily to make sure it isn't growing too fast. Sometimes, because of the defect, there is a build up of cerebrospinal fluid (the fluid that lubricates and cushions the brain and part of the spinal cord). If there is too much of a build up of fluid, the head grows in size and a shunt may be needed. If your baby needs a shunt, the physicians will discuss that with you.

What special care will my baby need at home?

Your baby will probably be visiting the doctor on a fairly frequent basis. The doctor will check the head size, check for development issues, make sure that the incision is healing appropriately, etc. Your baby may be enrolled in special programs. This will be discussed with you at discharge.