Objective
The question of the optimal route of delivery for gastroschisis is still controversial. In this paper we tried to find if there any advantage of cesarean delivery for singleton pregnancy complicated with gastroschisis in the aspect of neonatal outcome.

Methods
Retrospective cohort study of singleton pregnancies complicated by gastroschisis in a database of linked vital statistics and hospital discharge data in California between 2005-2008. Outcomes examined included neonatal death, respiratory distress syndrome, transient tachypnea of the newborn, intraventricular hemorrhage, necrotizing enterocolitis, meningitis, and infant death. Neonatal outcomes were compared using the chi-squared test and Fisher’s exact test for statistical analysis.

Results
551 patients were eligible for the study. There were no significant differences in infant death, respiratory distress syndrome, or meningitis between neonates delivered by Cesarean section versus delivered vaginally. Cesarean section was associated with nearly significant higher rates of neonatal death (3.4% vs 1.2%, p=0.09) mostly due to higher preterm delivery in the cesarian section group.

Conclusion
In pregnancies complicated by gastroschisis, mode of delivery does not significantly affect perinatal outcomes.