

# Fetal Growth Restriction

## FAQ's



## Introduction

Improving detection of Fetal Growth Restriction (FGR) is an important strategy to reduce perinatal morbidity and mortality.

FGR is best defined as a fetus that has not reached its growth potential because of placental disfunction, with small for gestational age (SGA) referring to an infant with a birth weight of <10th centile.

### Top tips for measuring symphseal fundal height (SFH)

1. Consistency is key. Measuring from fundus to symphysis allows two fixed points to measure fundal height. Using a standard technique reduces inter-observer variation.
2. For a fetus with a suspected non-longitudinal lie, continue to measure SFH. Measure from the highest upper point of the fundus, even if this is not in the midline.
3. A deviation of 3cm +/- gestation is an indication for ultrasound (USS) to check fetal growth.

### Key considerations for USS

Routine USS for low risk women in the third trimester is not currently recommended as a screening tool for SGA/FGR. While the POP study reported that routine 36 week ultrasound improved the detection of SGA, it did not show significant benefit in improving clinical outcomes.

#### What is the role of dopplers in diagnosis & surveillance?

The cerebroplacental ratio (CPR) is the ratio of the fetal middle cerebral artery (MCA) pulsatility index (PU) to the umbilical artery PI. Gestation specific centiles are available for this ratio. A low CPR (<5th centile) is now generally accepted as an indicator for late FGR.

#### AFI or deepest pool?

Deepest pool reduces number of IOL for DVP with no change in outcome.



### How is IVF a risk factor for FGR?

IVF and infertility are risk factors for placental dysfunction.

### What role does a CTG have in the care of a baby with suspected SGA/FGR?

Continuous electronic fetal monitoring (CTG) is recommended during labour in all pregnancies suspected SGA/FGR

The role of CTG outside of labour (ie. antenatal surveillance CTGs) for women with SGA/FGR has not been well established. Practice should be governed by local consensus based clinical guidelines.

**Further reading suggested:** Cochrane antenatal CTG.

### What is the role of Aspirin?

Low dose aspirin (LDA) reduces the risk of preterm preeclampsia in women assessed as high risk. For women assessed as high risk, LDA 100-150mg nocte is recommended.

There is a lack of evidence to support the use of LDA to prevent SGA/FGR.

#### REFERENCES

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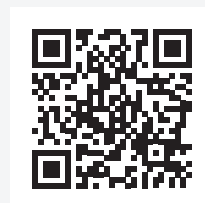
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POP study: Gaccioli F, Lager S, Sovio U, Charnock-Jones DS, Smith GCS. The pregnancy outcome prediction (POP) study: Investigating the relationship between serial prenatal ultrasonography, biomarkers, placental phenotype and adverse pregnancy outcomes. *Placenta* 2017; 59(Suppl 1): S17-S25.

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