Fetal Growth Restriction (FGR) Care Pathway

for singleton pregnancies

PERINATAL SOCIETY of Australia & New Zealand PSANZ | SANDA Stillbirth And Neonatal Death Alliance

Stillbirth CENTRE OF RESEARCH EXCELLENCE

RISK ASSESSMENT FOR FGR AT FIRST ANTENATAL VISIT

LEVEL 1

No risk factors for FGR identified

More than 50% of FGR cases occur in women with NO identifiable risk factors[1]

Surveillance and management

- **Standardised serial SFH measurement** at each antenatal visit **from 24 weeks gestation**, plotted on an SFH chart.
- Ultrasounds as clinically indicated.

LEVEL 2

Risk factors for FGR identified

- Age ≥40 years or age ≤20 years
- IVF singleton pregnancy
- Substance use during pregnancy: smoking, drugs
- BMI ≥35 or BMI ≤18
- Previous late (≥32 weeks) FGR/SGA
- Papp A <0.4 MoM
- Limited antenatal care

Surveillance and management

- Fetal growth ultrasound at 26-28 weeks gestation and 34-36 weeks gestation.
- Additional ultrasounds as clinically indicated.
- **Standardised serial SFH measurement** at each antenatal visit **from 24 weeks gestation**, plotted on an SFH chart.

LEVEL 3

High risk of early FGR identified

- Previous early (<32 weeks) FGR/SGA and/or preeclampsia
- High risk first trimester preeclampsia screening result in this pregnancy
- Previous stillbirth with FGR/SGA
- Maternal medical conditions, eg:
  - Antiphospholipid antibody syndrome
  - Renal impairment
  - Chronic hypertension
  - Diabetes with vascular disease

Surveillance and management

- Growth scans every 2-4 weeks from 24 weeks gestation (or as clinically indicated) until birth.
- Commence low dose aspirin 150mg* until 36 weeks gestation to reduce the risk of preterm preeclampsia[2].

1. Isabelle M, Béatrice B, Anne E, et al. Does the Presence of Risk Factors for Fetal Growth Restriction Increase the Probability of Antenatal Detection? A French National Study. Paediatric and Perinatal Epidemiology 2016; 30(1): 46-55.
Adapted by PSANZ/Stillbirth CRE 2018 from Royal College of Obstetricians and Gynaecologists. The Investigation and Management of the Small-for-Gestational-Age fetus, 2013. Maternal/paternal SGA, low fruit intake and excessive daily exercise are not readily ascertainable.
2. Rolnik DL, Wright D, Poon LCY, et al. ASPRE trial: performance of screening for preterm pre-eclampsia. Ultrasound Obstet Gynecol. 2017 Oct;50(4):492-495. doi: 10.1002/uog.18816. Epub 2017 Aug 24. Erratum in: Ultrasound Obstet Gynecol. 2017 Dec;50(6):807. PMID: 28741785.

* Low dose aspirin (LDA) reduces the risk of preterm preeclampsia in women assessed as high risk. Women at increased risk of fetal growth restriction secondary to placental dysfunction are also at increased risk of preterm preeclampsia and hence LDA should also be considered in this group also.

Safer Baby Bundle

WORKING TOGETHER TO REDUCE STILLBIRTH

The Safer Baby Bundle resources are based on five key areas to support healthcare professionals with new strategies to help reduce stillbirths.

Smoking Cessation
Supporting women to stop smoking in pregnancy.
#Quit4Baby

Fetal Growth Restriction (FGR)
Improving screening and surveillance for fetal growth restriction.
#GrowingMatters

Decreased Fetal Movements (DFM)
Improving awareness and management of decreased fetal movement.
#MovementsMatter

Side Sleeping
Improving awareness of maternal safe sleeping position.
#SleepOnSide

Timing of Birth
Improving decision-making around timing of birth for women with risk factors.
#LetsTalkTiming

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