

Fetal Causes of IUGR

- Chromosomal abnormalities (2%-5%) TR18, triploidy, placental mosaicism
- Uniparental disomy (UPD)
- Genetic anomalies
- Fetal structural malformations (10%)
- Infections CMV, toxoplasmosis (0.3-3.5%)

Screening of IUGR

More than 50% of IUGR pregnancies
No any associated conditions in terms of IUGR

Discrepancy between gestational age and the size of the uterus
Serial fundal height

Carrera PPV:60% NPV:96%
Campbell Sensitivity of SFH and AC: 76% and 85%

The predictive accuracy of clinical parameters for the diagnosis of IUGR is poor.

IUGR and DIAGNOSIS

Dating is more important

>32weeks: fetal growing is about 200 g per week

a dating error of 1 week may turn a normal fetus into a small fetus

IUGR is a common condition
5 to 10 % of pregnancies
26% among stillbirths

**ACCURATE ANTENATAL DIAGNOSIS IS
OF CONSIDERABLE CLINICAL IMPORTANCE**

Diagnosis

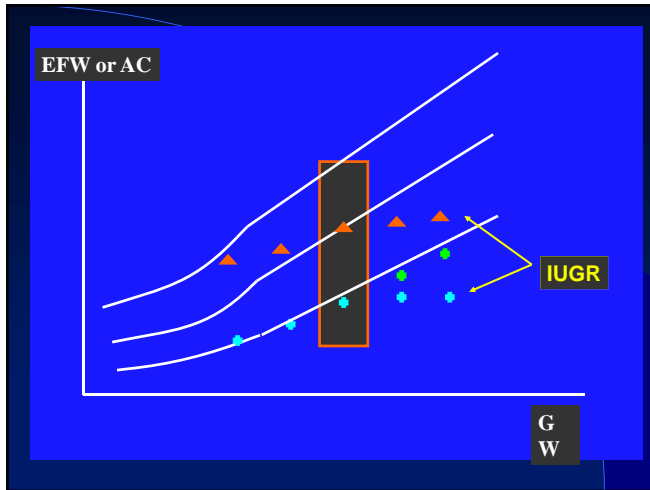
↓ Symphysis-Fundal Height

– Sens: 17-86 / Spes: 64-95 /
PPV:2-79

↓ Ultrasonography

– Gestational Age (Early USG)
– Amniotic Fluid
– Fetal Biometric
Measurements

- ↓ BPD ● AC
- ↓ HC ● FL



DIAGNOSIS of IUGR

Abdominal circumference seems
to be the parameter
which correlates best
with fetal growth retardation

FETAL GROWTH

SERIAL MEASUREMENT IS MORE IMPORTANT

A reduction of abdominal circumference
or estimated fetal weight
in two consecutive measurements
can be indicative of
intrauterine growth retardation

Fetal Biometric Measurements < 10 centile or 2 sd below normal growth curves

- Fetal growth curve
- Fetal anatomy
- Amniotic fluid
- Doppler (Uterine and Umbilical artery)

Management**When should I deliver the fetus?**

- ↓ Assessment of Fetal Well-being
- ↓ Consider as a whole
 - Fetal Movements
 - CTG
 - Doppler
 - Amniotic fluid , EFW, Gestational age

DECISION