

The outcomes of serial growth and presentation scans in second and third trimester of pregnancy amongst patients with congenital uterine anomalies.

Dr. Aleksandra E. Trojak¹, Miss Nirmala Vainthilingham¹
¹Portsmouth Hospitals University NHS Trust, Portsmouth, United Kingdom

INTRODUCTION

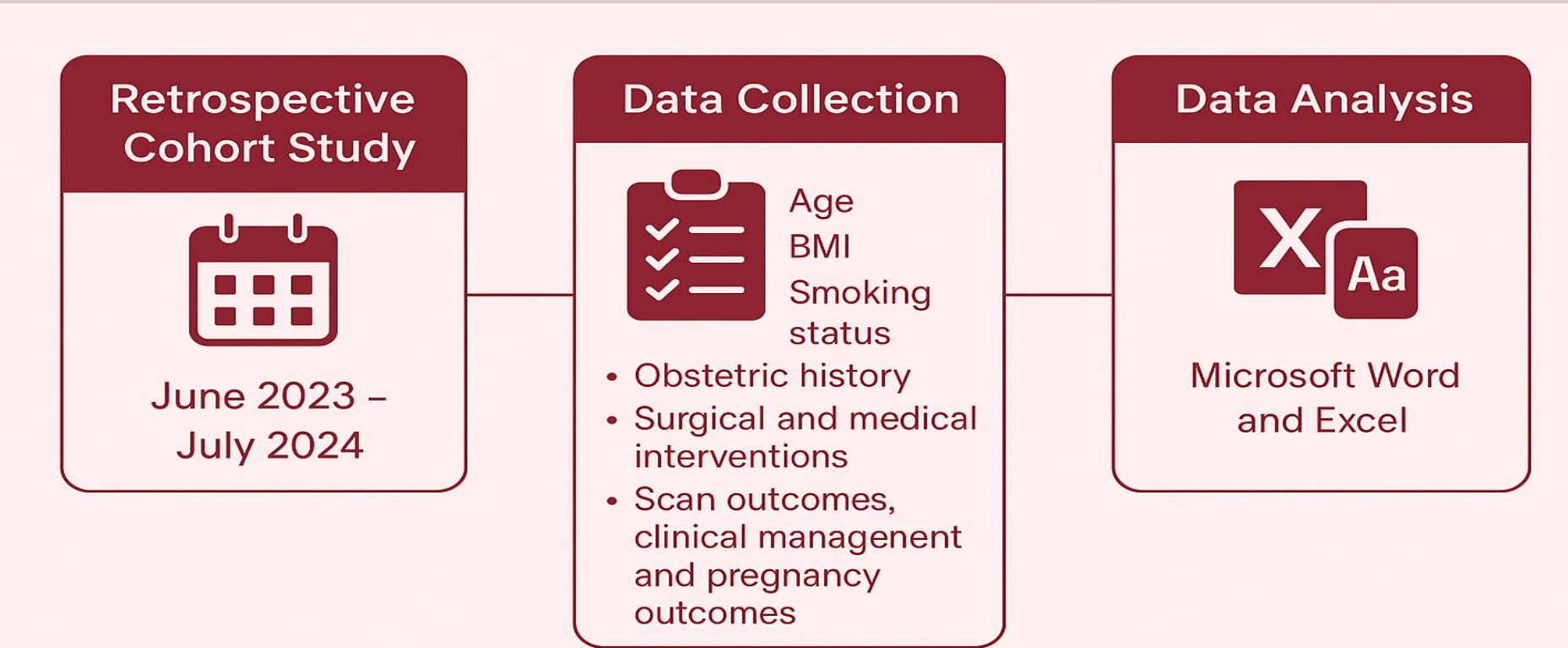
Congenital uterine anomalies (CUAs) are structural malformations of the uterus that arise from abnormal development of the Müllerian ducts. Although many patients remain asymptomatic, these anomalies have historically been associated with adverse obstetric outcomes, including fetal growth restriction, malpresentation, preterm birth, and increased rates of operative delivery, and as such, vigilant antenatal surveillance is critical for optimising perinatal outcomes.

Serial ultrasound assessments of fetal growth and presentation during the second and third trimesters have therefore been proposed as a means of surveillance in pregnancies in patients with CUAs. Regular imaging may facilitate timely recognition of growth abnormalities or malpresentation, enabling clinicians to individualise management plans more effectively, however, current evidence regarding the predictive value and effectiveness of this population remains limited.

OBJECTIVES

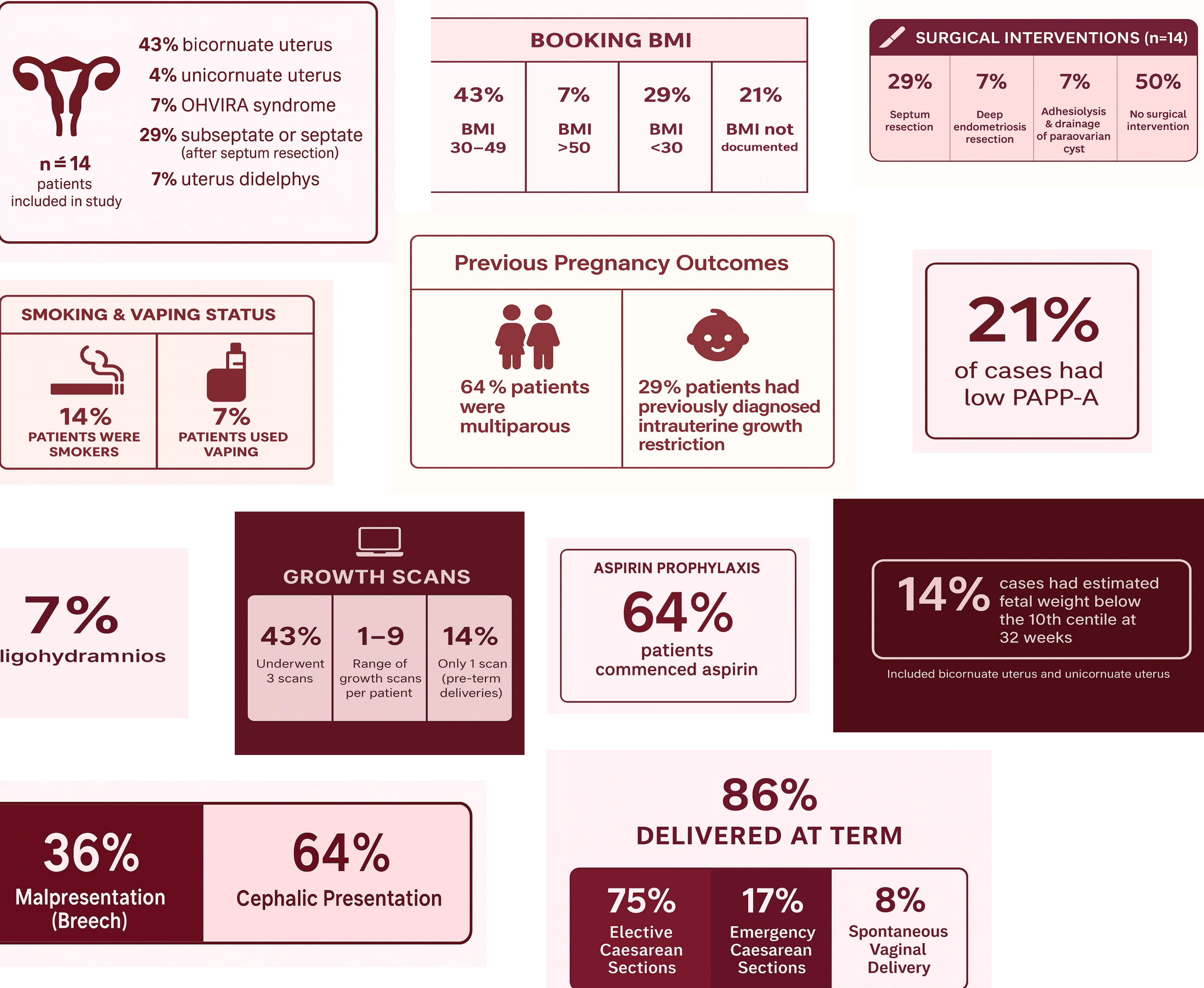
- To evaluate the outcomes serial growth scans and establish the incidence of fetal growth restriction in pregnancies with CUAs.
- To evaluate the outcomes of presentation scans and establish the incidence of malpresentation in pregnancies with CUAs.

METHODS



CONTACT a.trojak@nhs.net

RESULTS



CONCLUSIONS

- Although pregnancies in patients with congenital uterine anomalies can be associated with an increased risk of intrauterine growth restriction (IUGR), this study demonstrated that the majority of pregnancies can successfully achieve normal growth and term delivery
- The incidence of fetal malpresentation amongst pregnant patients with congenital uterine anomalies remained elevated compared with the populational levels, indicating a persistent malpresentation risk independent of growth scan outcomes
- The incidence of oligohydramnios was higher than expected compared with the general population; however, this finding may reflect the limitations of a small cohort size and warrants confirmation in larger studies



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