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Do Constitutionally Small-for-Gestational-Age Fetuses Truly Have Favorable Outcomes?

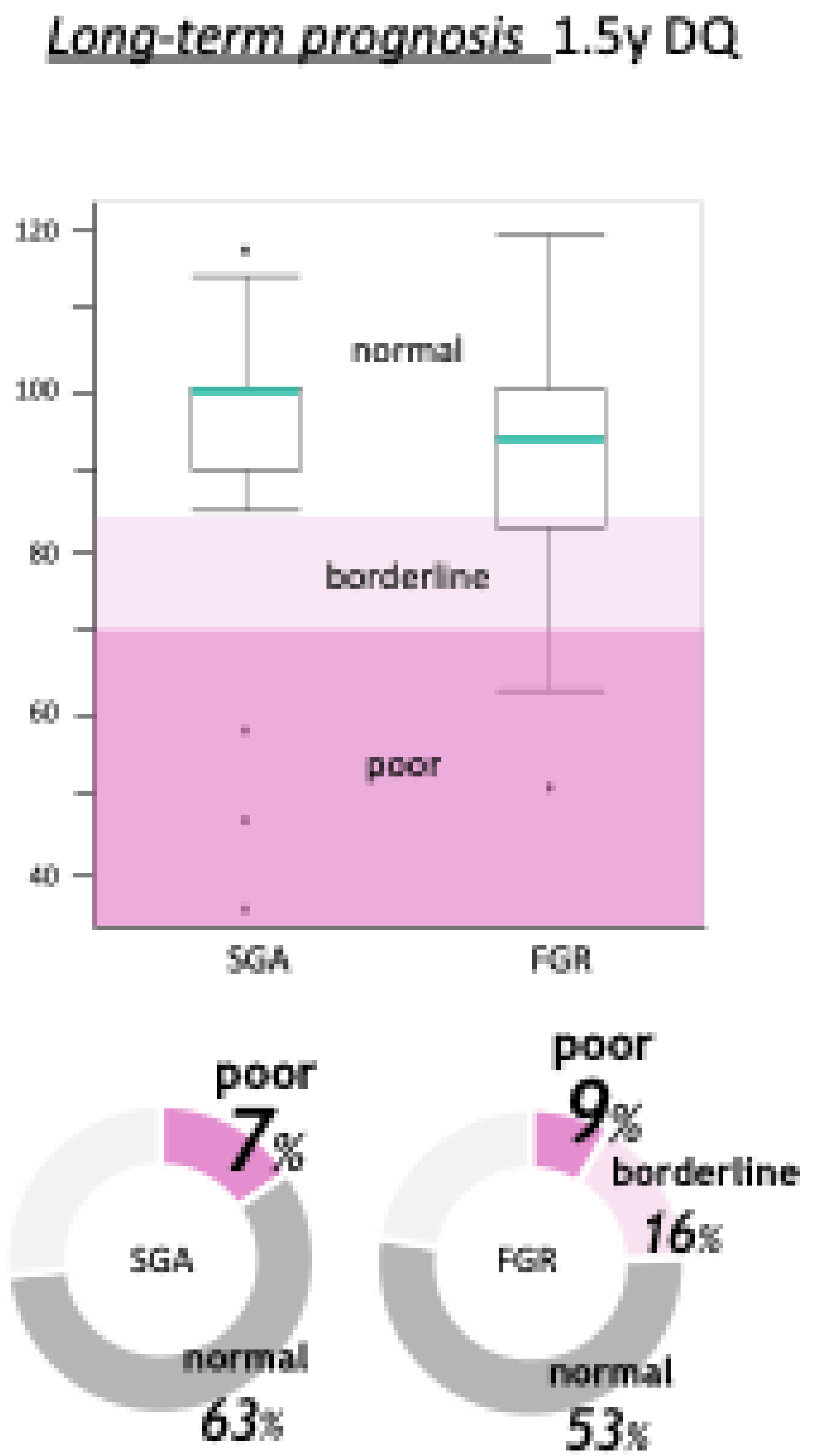
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Objectives: The aim of this study was to compare short- and long-term outcomes between constitutionally SGA fetuses and fetuses with FGR according to the Delphi consensus criteria.

Methods: This retrospective study was conducted at our hospital from 2014 to 2025. All enrolled participants were diagnosed with SGA, defined as a birth weight below the 10th percentile according to Japanese standards. Short-term prognosis was assessed based on neonatal complications. Long-term prognosis was assessed based on cognitive abilities using developmental quotient (DQ) scores. Poor neurodevelopmental outcomes were defined as a DQ <70.

	SGA	n=41	FGR	n=97	p-value
GA at diagnosis	32w3d	16w1d-39w4d	28w3d	18w0d-37w5d	0.03
GA at delivery	37w1d	24w5d-40w3d	33w6d	24w4d-39w2d	<0.05
Birth weight	1906	424-2398	1342	364-2240	<0.05
Apgar score 5 min	9	3-10	9	0-10	0.06
UmA-ph<7.2	15%	6	19%	18	0.58
Preeclampsia	49%	20	51%	49	0.85
Short-term prognosis					
Neonatal death	0 %	0	4 %	4	0.32
RDS	12 %	5	17 %	16	0.54
IVH	5 %	2	11 %	10	0.34
ROP	10 %	4	9 %	8	1.00
LCC	5 %	2	4 %	4	1.00
HOT	0 %	0	2 %	2	1.00

median (range) or % (n)
GA, gestational age; RDS, respiratory distress syndrome; IVH, intraventricular hemorrhage;
ROP, retinopathy of prematurity; LCC, late circulatory collapse; HOT, home oxygen therapy



Conclusion:

Constitutionally SGA fetuses showed neonatal and neurodevelopmental outcomes comparable to those of fetuses with FGR according to the Delphi consensus criteria. Although appropriate perinatal management may have contributed to favorable outcomes in the FGR group, adverse outcomes were also observed among constitutionally SGA fetuses. These findings suggest that constitutionally SGA fetuses should not necessarily be regarded as a uniformly low-risk population and may warrant careful antenatal and postnatal surveillance.