

The usefulness of routine 36 week scans for all women in the detection of fetal growth restriction (FGR) & SGA

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Objective: To compare the detection rate of fetal growth restriction (FGR) & small for gestational age (SGA) before and after the introduction of routine 36 weeks growth scans. To find out the usefulness of 36 weeks growth scan in reducing perinatal morbidity and mortality

Design: Retrospective case review of all the fetal growth-restricted babies delivered before and after the introduction of 36 weeks scan in our department.

Methods: Electronic records of all women who delivered babies below 10 th centile between January 2018 to June 2018 (Group 1) and October 2019-March 2020 (Group 2) i.e. before and after the introduction of routine 36 weeks growth scan in our unit was obtained.

Outcome measures were identification of SGA/FGR babies at 36 weeks scan, timely delivery of FGR/SGA babies, perinatal mortality and morbidity including low APGAR score and admission to NICU.

Results: Group 1: 3.8% (71/1871) babies who were born between January 2018 to June 2018 were <10th centile for gestational age at delivery. At this time growth scan was offered to women identified with any risk factors for FGR or on clinical suspicion. 20% (14/71) of women were identified as SGA/FGR at the growth scan. All women were offered an appropriate mode of delivery between 37 to 39 weeks. 13% (9/71) babies had perinatal morbidity including low APGAR scores needed for admission to NICU for hypoglycaemia and sepsis

Group 2 : 4.7%(85/1812) babies born between October 2019 to March 2020 were <10th centile for gestational age at delivery. 32%3 (27/85) women were identified as SGA/FGR at the growth scan. All women were offered an appropriate mode of delivery between 37 to 39 weeks.

Of all babies with FGR/SGA upon delivery 10.5%(9/85) perinatal morbidity including low APGAR at birth and need for admission to NICU for hypoglycaemia, sepsis and transient tachypnoea.

Conclusion: Introduction of a routine 36 weeks scan has significantly improved the detection rate of FGR/SGA (20% (14/71) Vs 35% (30/85) P =0.031) babies. However, there was no statistical difference between perinatal morbidity and mortality (13% (9/71) Vs 13%(11/85) P=0.96) between the 2 groups. This could be due to the smaller sample size. We are aiming to extend our study for a longer duration to increase the sample size.