Outcomes of induction of labour in pregnancies complicated by late-onset SGA and IUGR

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Objectives

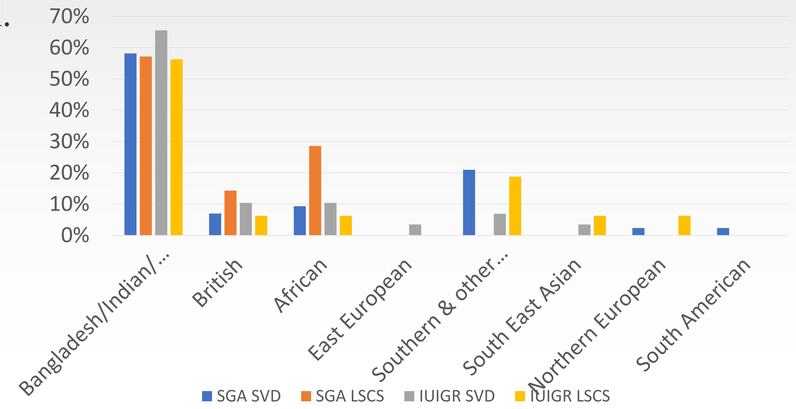
To describe pregnancy outcomes of women booked for induction of labour (IOL), following prenatal diagnosis of late-onset SGA (EFW<10th centile) or IUGR (EFW<10th centile with reduced fetal growth velocity and/or abnormal Dopplers or EFW <3rd centile).

Design

Design: 15-month retrospective audit (July-December 2021) of all pregnancies diagnosed by prenatal ultrasound with late-onset (>34 weeks) SGA or IUGR in a single tertiary fetal medicine unit in East London.

Method

Ultrasound data were collected from the ultrasound archive system (Viewpoint 6). The EFW was plotted on customized centiles (GAP/GROW). Maternal demographics, medical history and pregnancy outcomes were collected from the hospital computerized database. Descriptive analysis was carried out using Microsoft Excel.



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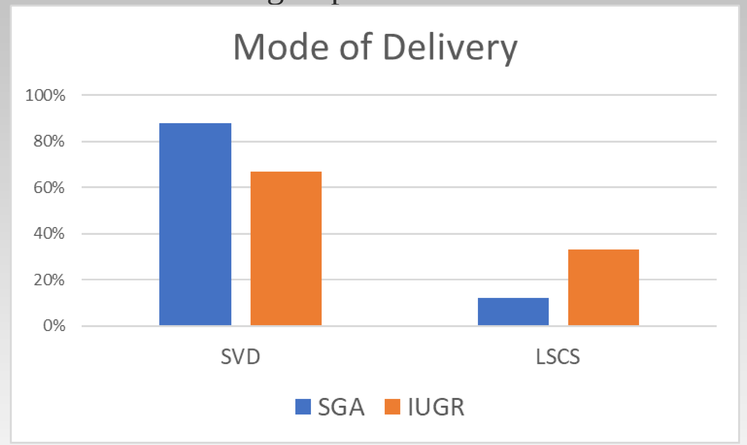
Results

In the SGA group, 43 (88%) women had a successful vaginal delivery (SVD), and 6 (12%) emergency caesarean section (EMCS). In the IUGR group, 28 (67%) women had a SVD and 14 (33%) an EMCS. Maternal characteristics including BMI >30, South-East Asian ethnicity, nulliparity, short maternal height and previous CS increased the chances of EMCS in both groups.



Conclusions

In our population, pregnant women with late onset SGA who undergo IOL have almost 90% chances of a successful SVD. The chances of SVD reduce to about 30% in case of IUGR. This may be due to pregnancies complicated by IUGR being induced earlier and with fetuses being smaller, other than to the limited reserves in IUGR fetuses. Larger studies are needed to confirm these findings and inform counselling of women with similar situations in the future