

An Audit of Small for Gestational Age/ Fetal Growth-Restricted Babies: Assessing Current Practices and Outcomes

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Background

Small for gestational age (SGA) and fetal growth restriction (FGR) are significant concerns in perinatal care, as they are associated with an increased risk of adverse outcomes, including stillbirth, preterm birth, and neonatal complications [1]. Early identification and management of these conditions are critical to improving pregnancy outcomes. Current best practices emphasize the importance of regular monitoring, risk assessment, and evidence-based interventions, such as the use of aspirin and vitamin D, smoking cessation programs, and advanced imaging techniques like ultrasounds and Doppler assessments [2, 3]. This audit investigates the effectiveness of existing protocols in identifying and managing SGA/FGR cases within a UK district general hospital, aiming to optimize outcomes through data-driven improvements.

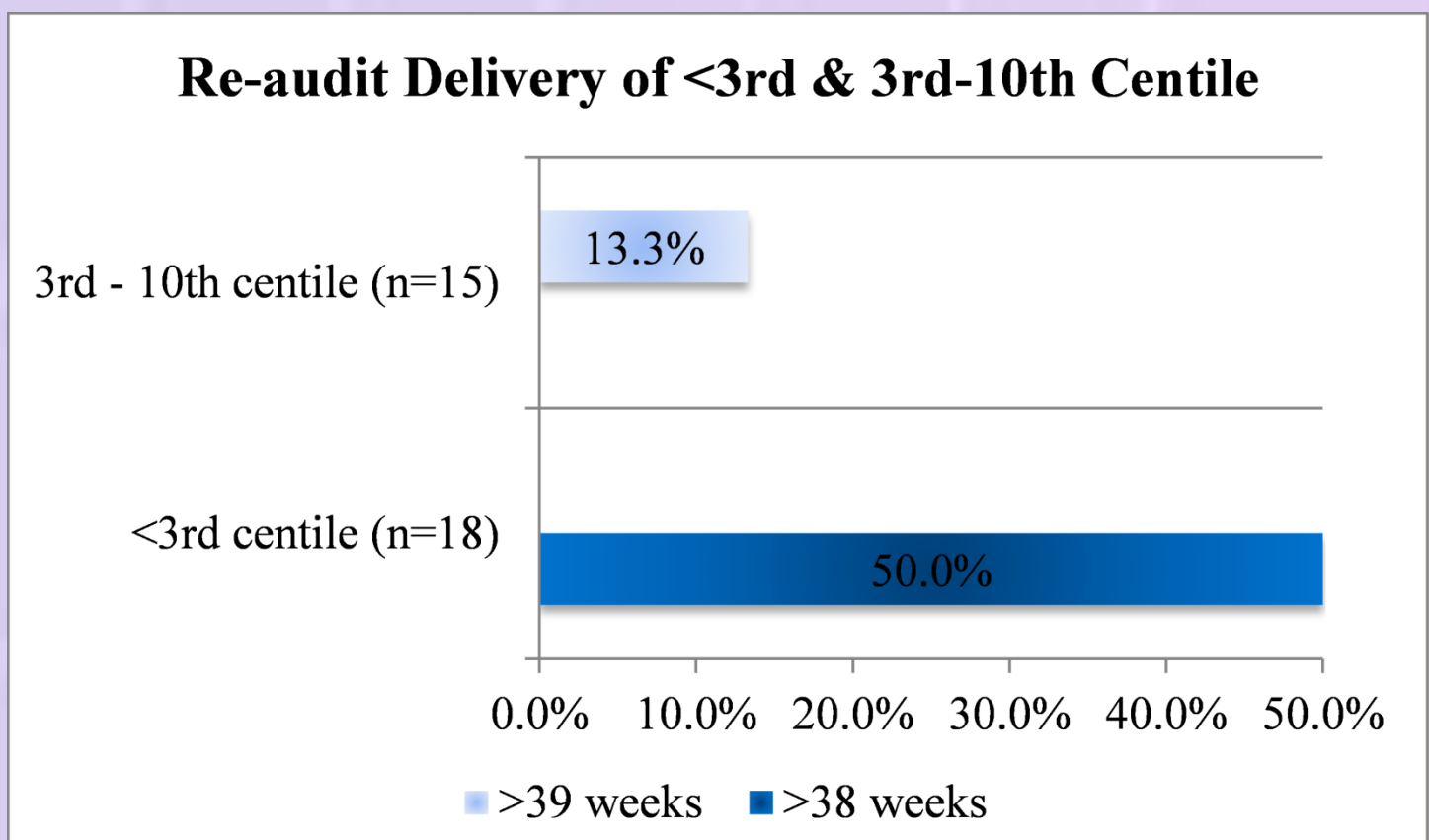
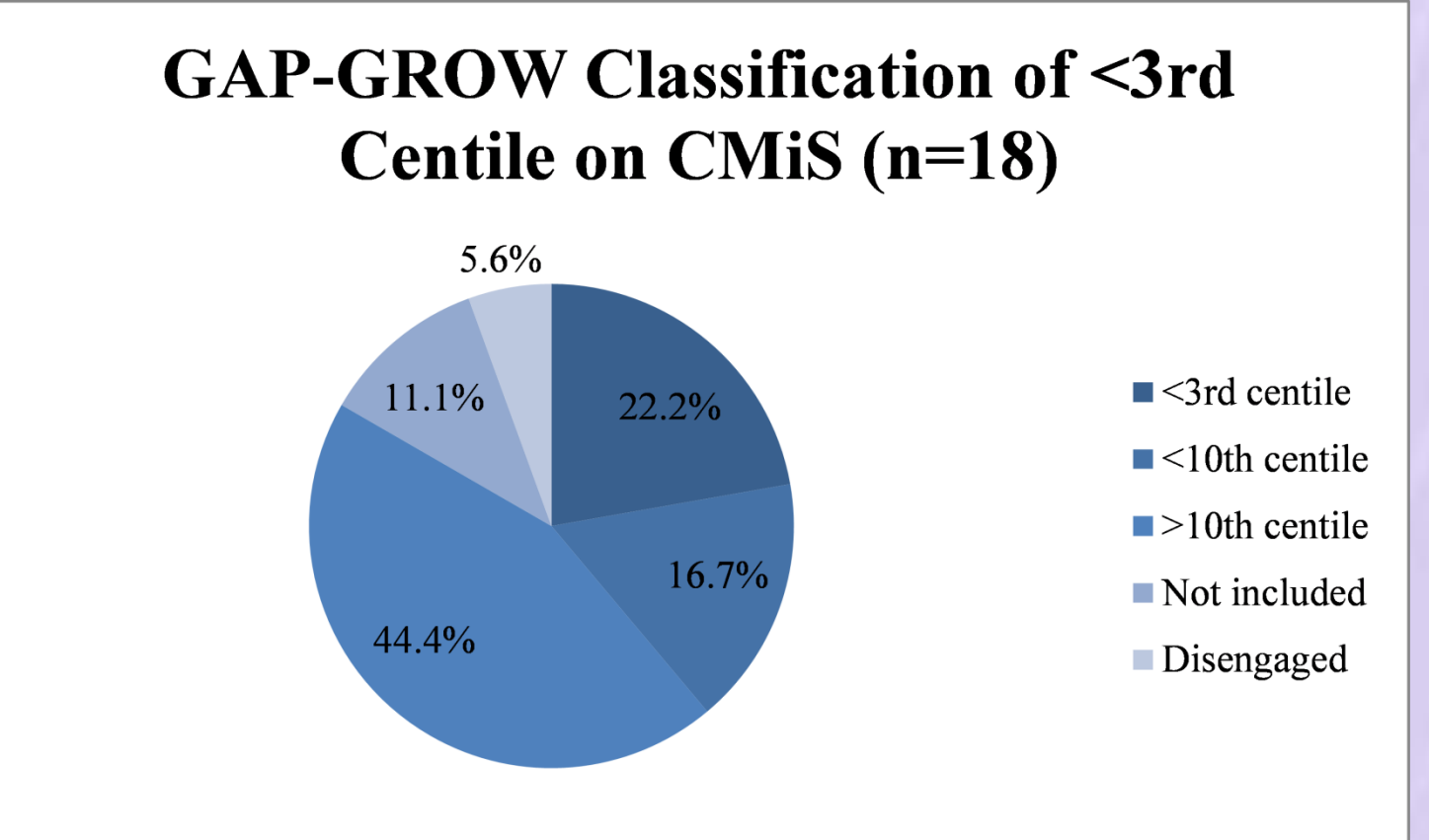
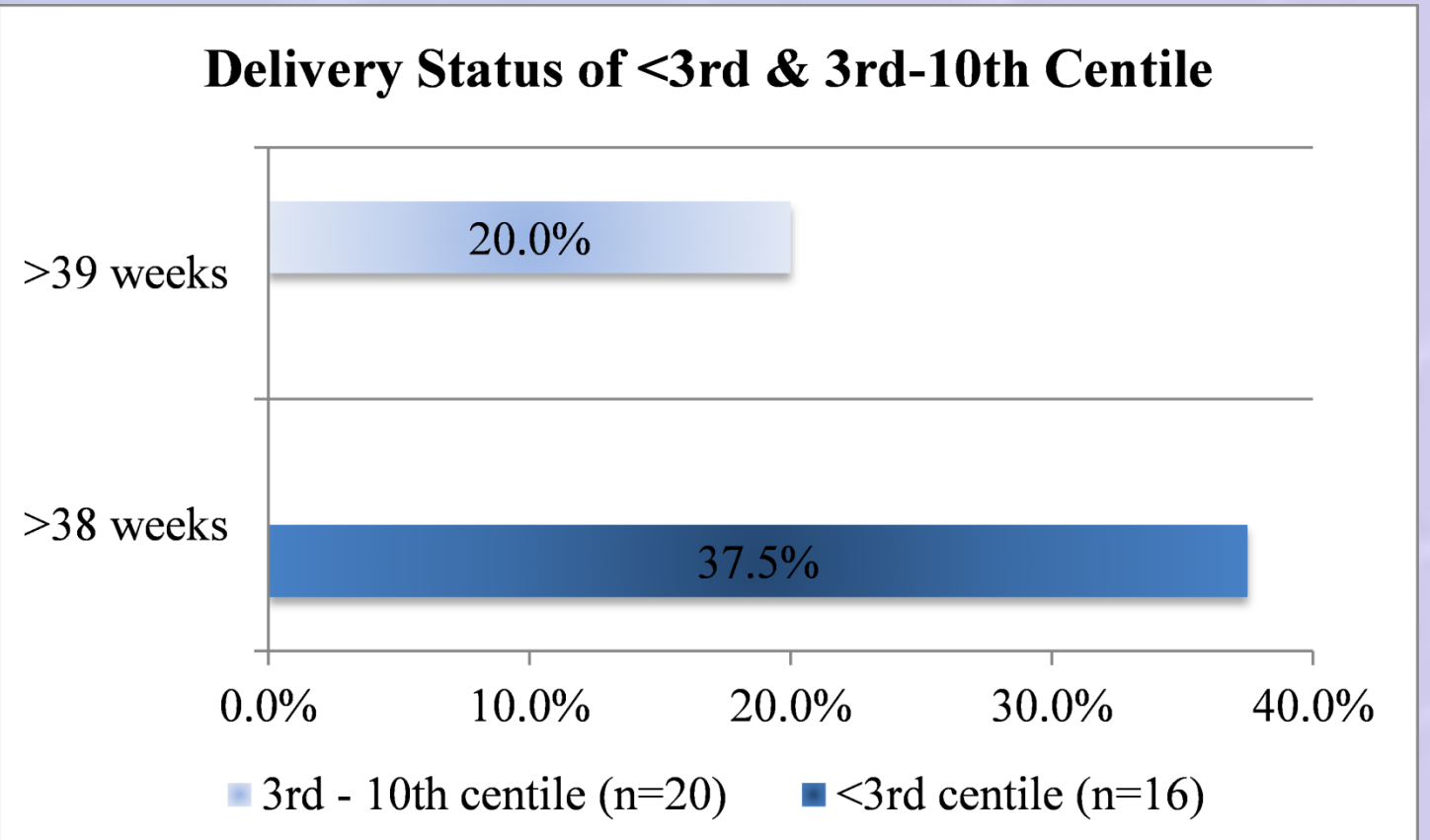
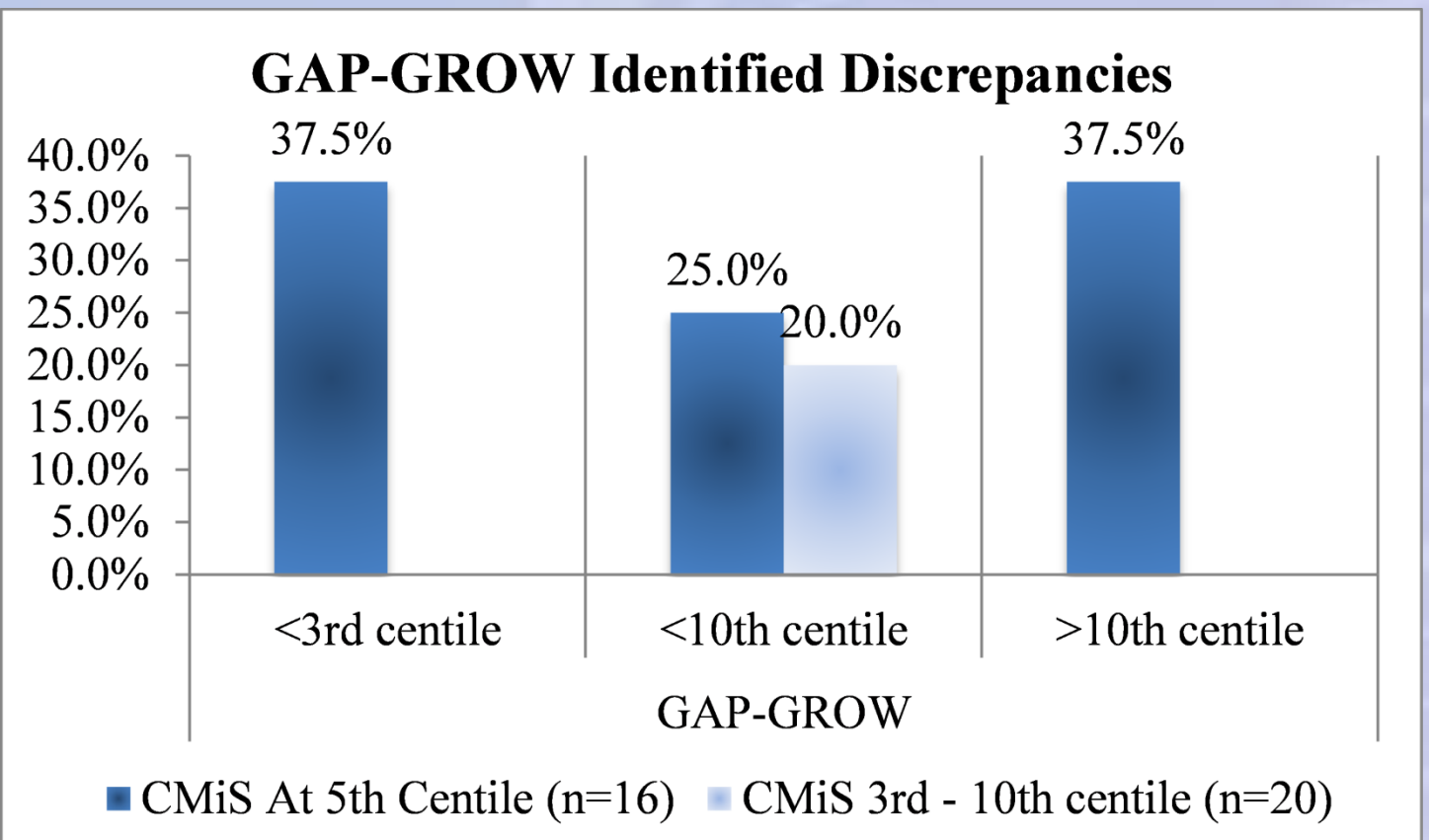
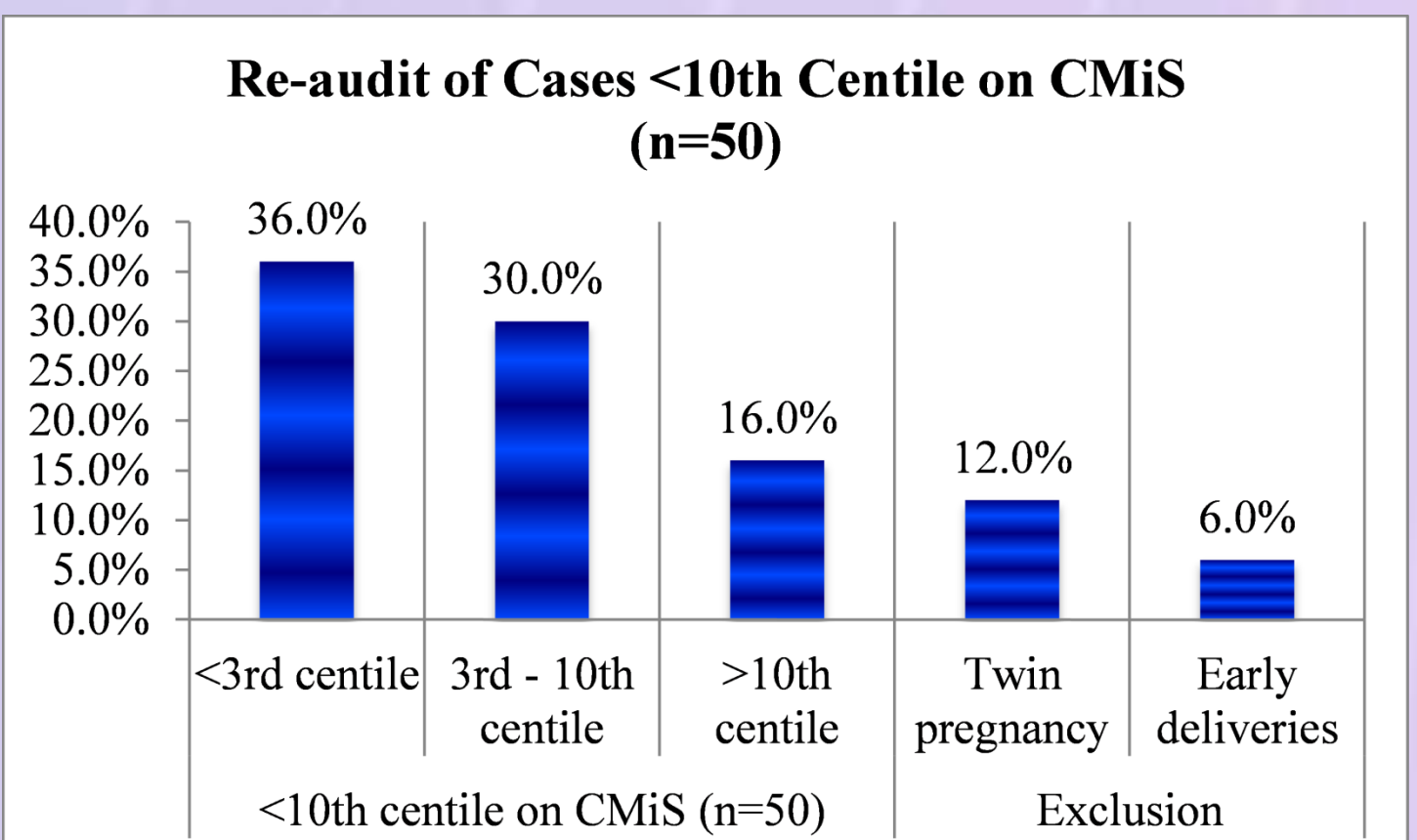
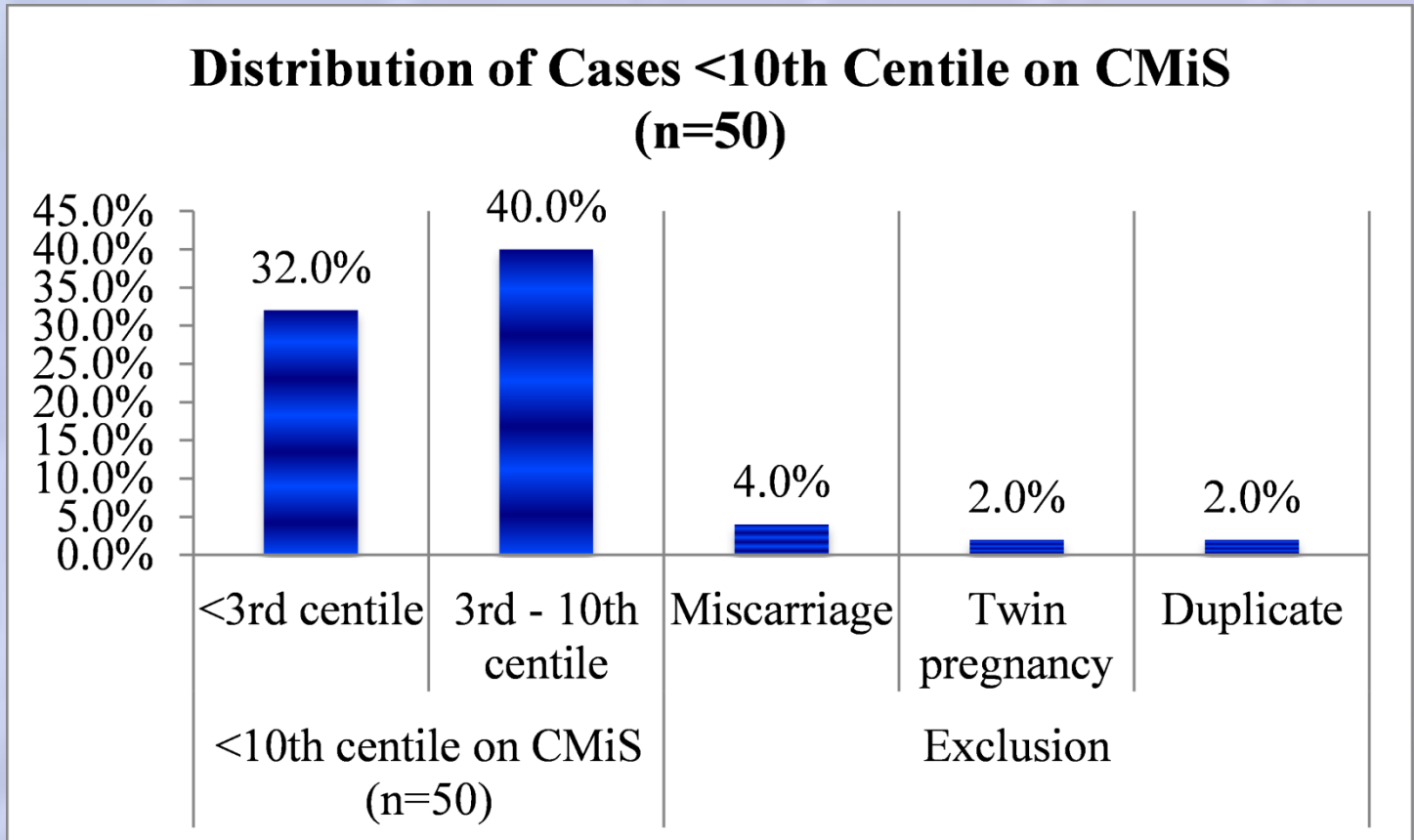
Objectives

The study aimed to investigate the effectiveness of existing protocols in identifying and managing SGA/FGR cases at district general hospital UK.

Methods

An A retrospective analysis of patient notes was conducted over a six-month period from January to June 2024 at a district general hospital UK. The comparison between CMiS and GAP-GROW methods for assessing SGA has been explored. Statistical evaluation was performed on the collected data.

Results



Conclusions

Timely identification of SGA/FGR cases is essential for implementing interventions and aligning delivery practices with centile-based guidelines to optimize outcomes. Vigilance, particularly in low-risk patients, is necessary, supported by accurate SFH measurements and the judicious use of aspirin for high-risk individuals.

References

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