OBJECTIVES:
To investigate the association between growth trajectories and intrapartum fetal distress.

STUDY DESIGN AND METHODS:
This was a retrospective study on a high-risk population of pregnant women followed in one tertiary medical center. Data regarding estimated fetal weight (EFW), EFW Z-score, birthweight data, Apgar scores and need for either cesarean delivery or operative vaginal delivery due to suspected fetal distress were collected from the electronic charts. The difference between two consecutive EFWs performed at an interval of at least 2 weeks was calculated as delta Z-score. Birthweight Z-scores, as well as delta Z-score were compared between cases of suspected fetal distress and control.

Conclusion
Both birthweight z-score and last EFW z-score were associated with intrapartum fetal distress. However, growth trajectory was not found to be associated with operative delivery indicated by fetal distress. Thus, a negative growth trajectory in an AGA fetus appears to be a poor predictor of fetal distress.