EP19.17 Late Fetal Growth Restriction management: impact of an evidence based approach

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Introduction
FGR affects 7-11% pregnancies and has significant neonatal morbidity and mortality

Methods:
UCLH late FGR clinic started in Feb 2018

Referral criteria included (>32 weeks)

- EFW <10th centile
- AGA + CPR <5th centile
- AGA + AC drop > 50 centile

Delivery was advised < 40 weeks if at “high risk” of placental insufficiency:

- EFW or CPR <5th centile
- EFW 5th -10th centile + PAPP-A <0.4 MoM
- EFW 5th -10th centile + UAD PI > 2.5

The Pregnancy was otherwise managed conservatively up to 41 weeks

This Clinic cohort was compared with a Pre-Clinic FGR cohort and abnormal mild and severe neonatal (NNO) and maternal outcomes (MO) were compared (see Table 1)

Results:
The Late FGR clinic (N=155) compared with the Pre-Clinic cohort (N=55) had significant increased gestational age at delivery (38+6 vs 38+0 weeks, figure 1) and birthweight (2591 vs 2439g, figure 2)

In the FGR Clinic vs the Pre-Clinic cohort abnormal MO were more frequent (65% vs 42%). But mild and severe abnormal NNO were reduced (42% vs 78%) and (10% vs 24% P<0.05, figure 3)

Conclusion:
Novel multi parameter evidence based management of late FGR using a conservative approach could improve neonatal outcome at the expense of more intervention in labour