Antenatal detection of SGA: What happens with false positives and false negatives?

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Objective

Classify SGA based on Estimated Fetal weight below 10 centile and compare the four different groups (true positive, false negative, false positive, true negative).

Methods

•: Retrospective review of prospective recruited data of the last scan performed in a low risk population in a single centre. The estimation of the fetal weight (EFW) using Hadlock 4 formula and use of local non-customised charts. Outcome variable: SGA defined as birthweight below 10 centile according to national charts. Variables included in the analysis: maternal characteristics (age, parity, BMI, hypertension, diabetes, pre-eclampsia, smoking status) and perinatal. We also used a composite adverse perinatal outcome defined by low Apgar score, pH<7.1, transfer to NICU, stillbirth, Caesarean section because of abnormal trace and birthweight below 3rd centile.

Results

Conclusion

The detection of SGA using local charts allows a detection of 54%. This group includes the higher proportion of adverse perinatal outcomes. Regarding the false negative group it’s significant the higher proportion of Caesarean section due to abnormal trace defining a risky group that remains undetected. The false positives have similar outcomes as the true positives.

15660 pacientes

S 54.7%
E 94.4%
PPV 43 %
NPV 96 %
OR 20.3 (17.3-23.7)
FP:5.2%

Ces abn trace

PFE<p10:1430 9.2%

| Ces SPBF | 11.7 | 15.3 | 5.8 | 5.7 |

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