Introduction.
Fetal growth restriction is a common pregnancy complication related to placental insufficiency and poor perinatal outcome.

Objective.
The aim of our study was to evaluate our pregnancy control performance using an ultrasound scan at 32-34 and 38-40 weeks of gestation in our population. We define SGA to fetuses with EFW below 10th percentile and normal Doppler, and IUGR when EFW is below 3rd percentile or between 3rd and 10th percentile with abnormal Doppler.

Methods.
A retrospective study was conducted using our data base from all the pregnancies during July 2016 until August 2018 in our Hospital.

We selected all newly born babies with weight below 10th percentile according to gestational age and gender using a calculator. We studied maternal and obstetric parameters, diagnosis of FGR and perinatal outcomes. We excluded multiple pregnancies and intrauterine fetal death.

Results.
We had a total of 2088 deliveries in the mentioned period, from which 266 (12.7%) were below 10th percentile of weight. Our detection rate was 37.2% (n=99). In this group 37.4% corresponded to SGA and 62.6% to IUGR. From the not detected group (n=167), 19.2% had a weight below 3rd percentile. We found statistically significant differences towards the group where FGR was detected, when comparing serum PAPP-A levels less than 0.3 MoMs (OR 5.32 IC 1.05-26.91), gestational hypertensive disorders (OR 5.34 IC 1.86-15.32), use of vaginal prostaglandins (OR 2.74 IC 1.64-4.58) and induction of labor (OR 2.61 IC 1.52-4.46). There were no differences in maternal age, parity, smoking habits, BMI, type of delivery, APGAR or pH minor 7.20 in both groups. There were no cases of perinatal death.

Conclusion.
FGR affects almost 13% of our population. Despite our third trimester ultrasound screening process our detection rate is low. Improvement of our method should be considered in order to achieve a higher detection rate. Nevertheless, no significant differences were found when comparing perinatal outcomes in both groups.