Late Fetal Growth Restriction at term: should all babies be delivered before 40 weeks?

Introduction
Timing of delivery in term FGR is complex, early delivery is associated with preterm complications; late delivery risks stillbirth.

DIGITAT study investigating IOL vs expectant monitoring in term SGA fetus showed no neonatal benefit with an earlier delivery.

Methods:
UCLH late FGR clinic started in Feb 2018.

Referral criteria (>32 weeks) included:
- EFW <10th centile
- AGA + CPR <5th or AC drop > 50 centile

Delivery was advised < 40 weeks if at “high risk” of placental insufficiency:
- EFW or CPR <5th centile
- EFW 5-10th centile + PAPP-A <0.4 MoM
- EFW 5-10th centile + UAD PI > 2.5

“Low risk” Pregnancy was otherwise managed conservatively up to 41 weeks.

Abnormal mild or severe neonatal + maternal outcomes (NNO, MO) were collected (table 1).

Results:
In the late FGR clinic (N=155) the “low risk” group delivered after 40 weeks had significantly less abnormal mild NNO compared with the “high risk” group delivered between 37-38 weeks (27% vs 47% p<0.05, figure 1).

Between “low” and “high” risk groups there were no significant difference in abnormal severe NNO and MO (10% vs’s 11%) and (63% vs’s 65% p>0.05, figures 2 and 3). There were no stillbirths.

Conclusion:
Appropriate risk stratification with delivery recommended after 40 weeks in small babies at low risk of placental insufficiency was safe and showed no significant increase in severe abnormal neonatal and maternal outcomes.