

2 COMPLICATIONS OF PREGNANCY

Date Issued: April 2008

Date Revised: December 2010
Review Date: December 2013
Authorised by: OGCCU
Review Team: OGCCU

2.19.1 MFAU QRG Assessment for the (suspected) Small for Gestational Age Fetus
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

2.19.1 MATERNAL FETAL ASSESSMENT UNIT – QUICK REFERENCE GUIDE ASSESSMENT FOR THE (SUSPECTED) SMALL FOR GESTATIONAL AGE FETUS

This Quick Reference Guide must be used in conjunction with its respective [Clinical Guidelines, Section B 2.19 Small for gestation age](#)

CRITERIA FOR REFERRAL

Women who have clinical suspicion of a suspected 'small for gestational age' (SGA) fetus at or more than 24 weeks gestation.

ASSESSMENT

1. Confirm the gestational age by the woman's dating ultrasound or last menstrual period dates. Ensure a copy of the ultrasound report is available in the medical records.
2. Review the result of the First Trimester or Second Trimester Screen if available. Ensure a copy of the result is in the woman's medical records.
3. Document the medical and obstetric history. Note any risk factors that may contribute to a SGA fetus.
4. Palpate the abdomen as appropriate to determine:
 - Symphysis fundal height
 - Lie
 - Presentation
5. Arrange an ultrasound scan for fetal biometry, amniotic fluid index (AFI), umbilical artery (UA) Doppler velocities.
6. On confirmation of SGA diagnosis:
 - If more than 32 weeks gestation, commence cardiotocography (CTG) monitoring
 - If less than 32 weeks gestation discuss with Registrar or Consultant if CTG monitoring is required.

SUBSEQUENT VISITS FOR CONFIRMED SGA

Ultrasound and CTG monitoring management will be altered according to the clinical picture and the medical management plan.

See [Clinical Guideline, Section B 2.19 Intrauterine growth restriction](#) for antenatal management of the SGA fetus confirmed as intrauterine growth restricted.

ULTRASOUND ASSESSMENT

- Weekly ultrasound assessment for biophysical profile, AFI and UA Doppler velocities.
- Fortnightly fetal biometry.

CTG MONITORING

Frequency of CTG monitoring will depend on the fetal gestation and clinical picture.

MANAGEMENT

- Inform the obstetric team of all results before the woman is discharged home. A management plan is formulated prior to discharge.
- Document test results and management plan for future follow-up management in MFAU and the antenatal clinic.
- Attempt where possible to arrange appointments in MFAU to coincide with the antenatal clinic appointments. This allows review of the results by her team during clinic appointments.
- The frequency of antenatal clinic appointments will depend on the clinical picture and medical consultation
- Consider administering Betamethasone if pre term birth is anticipated.

Note: See the following page for the flow chart about management of the (suspected) small for gestational fetus.

FLOW CHART FOR THE (SUSPECTED) SMALL FOR GESTATION FETUS

