

2 COMPLICATIONS OF PREGNANCY

Date Issued: April 2008
Date Revised: December 2010
Review Date: December 2013
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2.20.1 MFAU QRG Assessment for Confirmed Fetal IUGR
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

2.20.1 MATERNAL FETAL ASSESSMENT UNIT -QUICK REFERENCE GUIDE ASSESSMENT FOR CONFIRMED INTRA-UTERINE GROWTH RESTRICTION

This Quick Reference Guide must be used in conjunction with its respective [Clinical Guidelines, Section B 2.20 Intrauterine growth restriction.](#)

CRITERIA FOR REFERRAL

Women with confirmed fetal Intra-Uterine Growth Restriction (IUGR) on ultrasound scan at ≥ 24 weeks gestational age.

MANAGEMENT

Women with confirmed IUGR are assessed on an out-patient basis if the clinical condition allows. The frequency of outpatient visits is:

- **Weekly** if the amniotic fluid index (AFI) and Uterine Artery (UA) Doppler velocities were normal at the initial assessment visit.
- **Twice-weekly** if the ultrasound results for either/or both parameters of AFV and Doppler studies are abnormal. More frequent surveillance may be required according to the maternal or fetal clinical condition.

ASSESSMENT

1. Arrange the weekly assessment on the woman's Obstetric team day on duty for the antenatal clinic.
2. Check and record maternal temperature, pulse, blood pressure and urinalysis.
3. Perform an abdominal palpation noting:
 - Symphysis pubis measurement for fundal height
 - Lie if gestation more than 30 weeks
 - Presentation if more than 30 weeks gestation
4. Arrange ultrasound assessment for:
 - Each visit assessment for AFI and Doppler velocities
 - Fortnightly assessment of fetal biometry
5. Cardiotocograph monitoring
 - Monitor at each weekly visit if > 32 weeks gestation
 - Twice weekly if the AFI and/or the Doppler studies are abnormal and the Obstetric team requests further monitoring.
6. Consider administering a course of Betamethasone if pre-term birth is anticipated.

FLOW CHART FOR MANAGEMENT OF CONFIRMED INTRA-UTERINE GROWTH RESTRICTION

