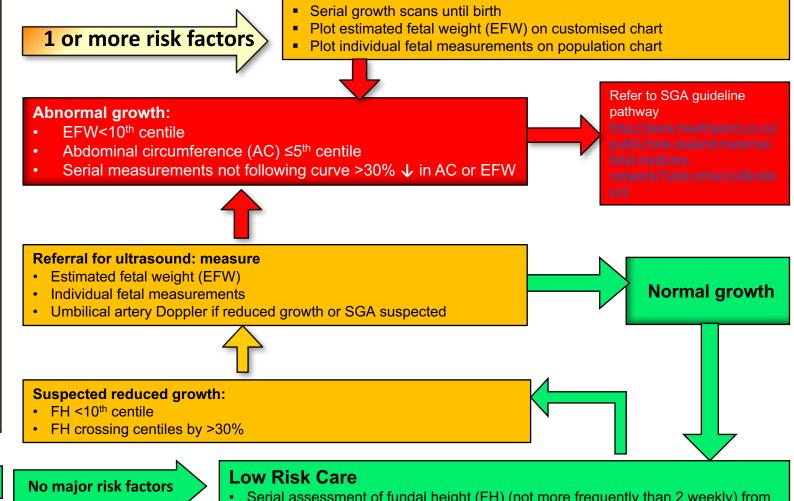
Algorithm & SGA Risk Assessment Tool for New Zealand: Screening and assessment of fetal growth in singleton pregnancies

Adapted from NHS England stillbirth 'care bundle' and based on NZ MFM SGA Guideline





Low Risk of SGA No known major risk factors

Fundal height measurement likely to be unreliable:-

- Large fibroids
- BMI 35+ ♣

Third trimester scanning based on local guidelines and resources

- Serial assessment of fundal height (FH) (not more frequently than 2 weekly) from 26-28 weeks until birth
- FH plotted on customised chart.

Suggested Schedule of Growth Scans Depending on Local Resources / Guidelines

High risk early onset SGA*

e.g. severe medical, previous SGA birth <34wk or stillbirth, ↓ PAPP-A

Monthly growth scans from 24 weeks' to birth

Consider uterine artery Doppler at 20 or 24wks

High risk late onset SGA *

e.g. previous SGA born \geq 34 wk, mild chronic hypertension, age >40

Monthly growth scans from 28-30 weeks' to birth

e.g. 30, 34, 38 weeks

Moderate risk late onset SGA*

e.g. smoke >10/day or FH measurement likely to be unreliable (BMI 35+, fibroids)

Scan 30-32 & 36-38 weeks'

SGA or poor interval growth

EFW<10th centile

Abdominal circumference (AC) ≤ 5th centile

Serial measurements (AC or EFW) cross centiles by > 30%

Fortnightly scans until birth. Plot individual measurements and estimated fetal weight (EFW) on customised chart.

Manage as per NZMFM SGA Guideline

http://www.healthpoint.co.nz/public/new-zealand-maternal-fetal-medicine-network/?solo=otherList&index=5

* Early onset SGA=SGA baby born <34 weeks, late onset SGA = SGA baby born >34 weeks

Updated April 2019