From: GROW - Perinatal Institute <grow@perinatal.org.uk>
Sent: 12 December 2025 14:32
Subject: NHS England's INTERGROWTH Alert

**** This email is in response to NHS England's alert against the use of INTERGROWTH charts. Please forward to all colleagues responsible for maternity care. ****

Dear all –

The team at the Perinatal Institute are pleased that action has finally been taken, with RCOG and NHS England having been alerted of this acute patient safety issue earlier this year, followed by our national webinar on Fetal growth charts and avoidable deaths in April.

Regrettably it has taken the testimony of bereaved parents, whose baby died after restricted growth at term was missed by INTERGROWTH charts, for this issue to be acted upon. There has been an abundance of research from the UK and many other countries, including those that had contributed data for the Intergrowth studies, which showed that this 'universal' standard does not represent birthweight and fetal growth trajectories in their population. In the NHS, we found that Intergrowth misses 68% of pregnancies that have FGR related stillbirth risk.

If your unit is currently using INTERGROWTH, which chart to should you use instead?

Neither NHS England / SBL nor RCOG guidelines have done a recent review of the evidence - the last comprehensive review was in the 2013 RCOG GTG which recommended GROW charts. We are pleased that the majority of NHS units continue to use customised GROW charts, with its proven track record of patient safety including:

- The NHS England-commissioned, independent study of the Saving Babies' Lives care bundle, which showed increased antenatal detection of SGA and significant reduction of stillbirths. The authors analysed data from 19 Trusts, 17 of which (89%) were from GAP units using GROW charts https://dx.plos.org/10.1371/journal.pone.0250150
- According to Office for National Statistics data, the pre-Covid 10-year decline in stillbirth rates associated with GAP and GROW charts was most marked in units with the best SGA detection rates. https://doi.org/10.1002/uog.22187
- With the latest digital upgrade to GROW 2.0, there is now also ability to monitor growth velocity, and preliminary results show an increase in SGA detection, improved recognition of growth restriction in non-SGA cases, and an overall reduction in stillbirth rates (See Abstract)
- GROW charts are based on 3.2 million NHS pregnancies from all of the UK, and the GROW 2.0 upgrade is now also available as a GROW-Lite version, where customising for maternal variables is optional. For units currently using INTERGROWTH, **we recommend checking fetal weight and birthweight centiles with the GROW Lite centile calculator.**

We advise against other standards / charts as they have the following remaining safety issues:

- Hadlock (1991; 392 pregnancies in Houston, Texas) chart stops at 40.0 weeks and therefore does not fulfil RCOG's GTG nor NHS England's SBL guidelines that "women on a growth surveillance pathway should have serial scans until delivery".

- WHO (based on data from 10 countries, none from England or other UK nations): also stops at 40.0 weeks. NB WHO's authors observed variation in normal growth according to maternal characteristics and recommended against using their charts in heterogeneous populations.
- Neither Hadlock nor WHO fetal weight charts have a corresponding neonatal standard and thus do not fulfil the NHSE SBL v3.2 implementation tool.
- FMF charts are based on data from 2 hospitals in the South East and the fetal and neonatal weight standards do not correspond to each other: when applied to term pregnancies, the FMF SGA<10th centile rates are: fetal: 17.1% vs neonatal:11.1%; and <3rd centile rates: fetal: 8.7% vs neonatal: 4.1%.
- All population average charts over-estimate SGA/FGR in small mothers and miss FGR associated stillbirth risk in high BMI mothers https://doi.org/10.1016/j.ajog.2023.05.026

I hope this information is helpful. The GAP team and I will be happy to advise or support any IG21 Trust during this challenging transition period.

Kind regards
Jason

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