Fetal growth assessment pathways (adapted from GAP and Saving Babies lives Bundle V2).

This pathway should be used in connection with GAP Guidance Fetal Growth and SGA.

risk assessment at booking and 16 week appointment	prevention	risk assessment for early onset IUGR at FAS	Fetal growth surveillance pathway for SGA/FGR	Reassess at 28 weeks and after at all clinical
Low risk	nil			assessments
Moderate risk <u>Obstetric history:</u> Previous SGA Previous still birth AGA birthweight <u>Current risk factors:</u> Smoker >11/day Drug misuse Women ≥40 years of age at booking	Assess for history of placental dysfunction (check for placental histopathology) Consider asprirn 150mg OD to be taken at night 12-36 weeks Ideally commenced before 16 weeks	FAS AC >10 th centile FAS AC >10 th centile	Serial SFH from 26-28 weeks every 2-3 weeks Serial USS from 28 weeks every 4 weeks until delivery	Assess for complications developing in pregnancy, e.g. hypertension, APH
High risk <u>Medical history:</u> Maternal medical conditions (CKD, hypertension, autoimmune, connective tissue, heart disease, DM) <u>Obstetric history:</u> Previous FGR Hypertension in a previous pregnancy	Assess for history of placental dysfunction (check for placental histopathology) Consider asprirn 150mg OD to be taken at night 12-36 weeks Ideally commenced before 16 weeks	FAS AC >10 th centile perform uter artery dopplers (PI)	Serial USS from 28 weeks every 4 weeks until delivery	Serial growth scans from
Previous SGA stillbirth Current pregnancy: Low PAPP-A Echogenic bowel Significant vaginal bleeding EFW <10 th centile at FAS		FAS AC <10 th centile +/- raised Uterine artery dopplers	Serial USS from 24 weeks Individualised care plan	detection until delivery
Women unsuitable for growth assessment by SFH BMI >35kg/m², fibroids, multiple pregnancy	Evaluate as per risk assessment	FAS AC >10 th centile	Serial USS from 28 weeks every 4 weeks until delivery	