



Akron Children's Hospital Clinical Pathways Disclaimer

Important Notice

Disclaimer

Akron Children's Hospital's clinical pathways are available for informational and guidance purposes only. Use of this site is subject to our [Terms of Use](#), which are incorporated into this Disclaimer.

No Medical Advice

Clinical pathways contained on this website is for guidance purposes only and are not intended to be substitutes for professional medical advice, diagnosis, or treatment for any particular patient. Providers may need to adapt the pathways for a variety of reasons, including but not limited to, their professional judgment, unique patient clinical circumstances, and/or available resources. Patients should never rely on clinical pathways as a substitution for advice for your physician or other qualified health care provider, nor should you disregard professional medical advice or delay in seeking it because of something you have read on this website. This website does not recommend or endorse any specific tests, physicians, products, procedures, opinions, or other information that may be mentioned on the website. Reliance on any information provided by this website is solely at your own risk.

Emergency Situations

If you think you may have a medical emergency, call 911 immediately or proceed to the nearest emergency room.

Accuracy of Information

The clinical pathways are based on publicly available medical evidence and/or a consensus of medical practitioners at Akron Children's Hospital at the time of publication on our website. We do not make any guarantees about the information provided. The information and materials on this website are provided "as is" without any representations or warranties, express or implied.

No Liability

The materials on the Akron Children's site are provided, "AS IS" WITHOUT WARRANTY OF ANY KIND, EITHER EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR NON-INFRINGEMENT.

IN NO EVENT SHALL AKRON CHILDREN'S HOSPITAL BE LIABLE FOR ANY DAMAGES WHATSOEVER, INCLUDING SPECIAL, INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OR DAMAGES FOR LOSS OF PROFITS, REVENUE, USE, OR DATA WHETHER BROUGHT IN CONTRACT OR TORT, ARISING OUT OF OR CONNECTED WITH ANY AKRON CHILDREN'S HOSPITAL SITE OR THE USE, RELIANCE UPON OR PERFORMANCE OF ANY MATERIAL CONTAINED IN OR ACCESSED FROM ANY AKRON CHILDREN'S HOSPITAL SITE.

Changes to the Disclaimer

We reserve the right to amend this disclaimer at any time. Any changes will be posted on this page, and your use of the website after such changes have been made will constitute your acceptance of the revised disclaimer.

FETAL GROWTH RESTRICTION (FGR)

Key Points:

1. Fetal growth restriction is diagnosed with EFW <10% or AC <10% for GA.
2. Genetics counseling and diagnostic genetic testing should be offered for unexplained early onset fetal growth restriction (<32 weeks) and for growth restriction seen in combination with anomaly or polyhydramnios.
3. Infections are responsible for a small number of cases of fetal growth restriction. Testing for infection with maternal serology in isolated fetal growth restriction is not recommended. If amniocentesis is performed, then PCR for CMV is recommended.
4. For FGR diagnosed at Periviability (22w0d-25w6d), patient counseling on the potential for neonatal resuscitation and intervention should be performed per Akron Childrens CPG: *Management of Patients with Anticipated or At-Risk Delivery in the Perivable Period*
5. Refer to Flow Diagram for Management Algorithm

Management of Resolved FGR:

1. Resolved FGR- history of FGR resolved on most recent ultrasound. Can discontinue fetal testing and plan follow-up ultrasound in 4 weeks, or sooner depending on clinical scenario such as gestational age or interval growth (which may dictate sooner ultrasound at 2 or 3 weeks).

References:

1. American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Obstetrics and the Society for Maternal-Fetal Medicine. ACOG Practice Bulletin No. 204: Fetal Growth Restriction. Obstet Gynecol. 2019 Feb;133(2):e97-e109. doi: 10.1097/AOG.0000000000003070. PMID: 30681542.
2. Society for Maternal-Fetal Medicine (SMFM). Electronic address: pubs@smfm.org; Martins JG, Biggio JR, Abuhamad A. Society for Maternal-Fetal Medicine Consult Series #52: Diagnosis and management of fetal growth restriction: (Replaces Clinical Guideline Number 3, April 2012). Am J Obstet Gynecol. 2020 Oct;223(4):B2-B17. doi: 10.1016/j.ajog.2020.05.010. Epub 2020 May 12. PMID: 32407785.

Akron Childrens Maternal Fetal Medicine

modified from SMFM Consult
Series Oct 2020

