

Fetal Growth Restriction

October 2024

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Key Points

- Fetal growth restriction (FGR) is diagnosed with estimated fetal weight (EFW) < 10% or abdominal circumference (AC) < 10% for gestational age (GA).
- 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.
- 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 cytomegalovirus (CMV) PCR is recommended.
- For FGR diagnosed at Periviability (22w0d-25w6d), patient counseling on the potential for neonatal resuscitation and intervention should be performed per Akron Children's Clinical Practice Guideline: *Management of Patients with Anticipated or At-Risk Delivery in the Periviable Period*
- Refer to Flow Diagram on page 3 for management

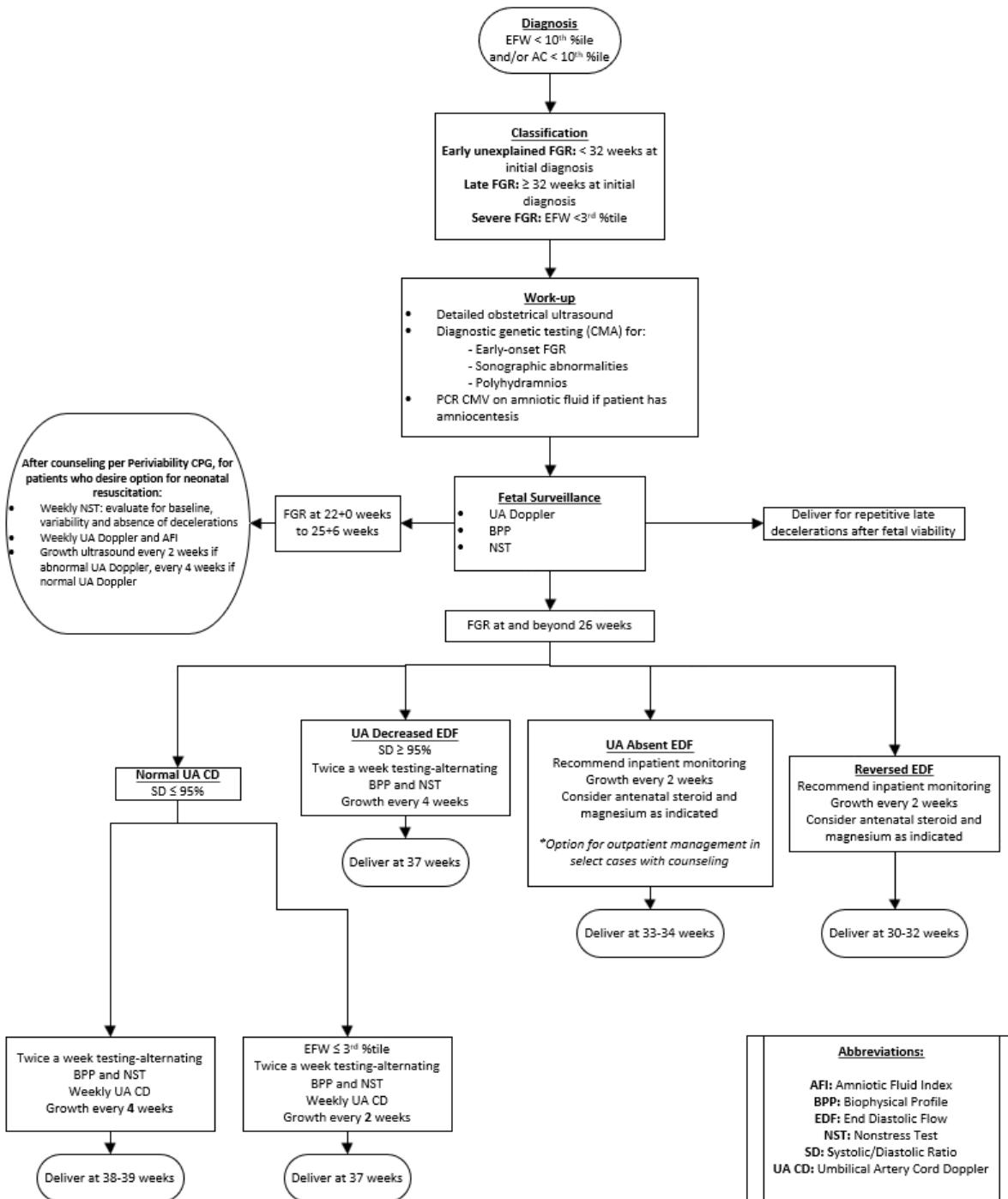
Management of Resolved FGR

- 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).

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Fetal Growth Restriction Algorithm



Modified from SMFM Consult Series October 2020

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References

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.

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