SGA

BW < 10th percentile for gestation age

Major risk factors

Past SGA
Maternal/ Paternal SGA
Age > 40yrs
Heavy smoking
Chronic HTN, PIH
DM, GDM
Renal disease
Antiphospholipid Xn
Daily vigorous exercise

Minor risk factors

Age > 35yrs
BMI < 20, > 25
Pregnancy interval
<6m, >5yrs
In vitro fertilization
Nulliparity
PROM

Fetal surveillance

1. Serial USS from 26w
2. Umbilical artery Doppler
3. SFH from 24w

Ix

1. Karyotyping
2. Congenital infection screening
3. CTG
4. AFI
5. Biophysical profile
(Time consuming)

Diagnosis

ō 3 or more minor RF
1. PAPPA < 0.4 in T_1
2. Uterine artery Doppler in T_2
(20-24w)
Pulsatility index > 95th centile
Notching

or

ō 1 major RF

Fetal biometry
1. Abdominal circumference &
2. EFW
< 10th centile
3w apart
(Minimize false positives)

Mx

1. Aspirin from 12w onwards
2. Cessation of smoking
3. Single course of corticosteroids before preterm delivery
4. Umbilical artery Doppler
Repeat in 2w if NL
Repeat 2/w if abnormal but present
Repeat daily if absent or reversed

Timing of delivery

1. Preterm SGA
Abnormal Umbilical artery Doppler
Do Ductus venosus Doppler
NL → Deliver @ 32w
AbNL → Deliver ASAP
2. SGA after 32w
Umbilical artery Doppler
AbNL → Deliver ASAP
NL → Deliver @ 37-38w
3. Term SGA
Middle cerebral artery Doppler
AbNL → Deliver ASAP
NL → Deliver @ 38w

MoD

1. CS preferred
(Unable to withstand hypoxia)
2. IOL @ 38w if NL umbilical artery Doppler
Need continuous FHR monitoring

Fundus Larger than Dates

1. Wrong date's → Confirm
2. Macrosomia → USS (EFW)
3. Polyhydroamnios → USS (Liquor)
4. Fibroids → USS
5. Fetal abnormality
Structural → USS
Esophageal atresia, duodenal atresia, Anencephaly, NM disorder
Rh incompatibility → IAT
Infections → Toxo
Chorioangioma

6. Twins - Very unlikely
Laser ablation

Fibroids Complications

Red degeneration
Fever, Vomiting
Mx
Analgesics
Antiemetics
IV fluids
Myomectomy after 6m PP

MoD
CS for
Lower segment fibroids
Cervical fibroids

Polyhydroamnios Complications

1. Discomfort
2. PROM
3. Preterm delivery
4. Placental Abruption
5. Cord prolapse
6. Hydrops
7. Amniotic fluid embolism
8. Uterine atony
Prolong labour
PPH

Mx
1. Repeated amnioreduction
2. VE before ARM
3. Release liquor slowly
4. Postnatal evaluation

Fundus Smaller than Dates

1. Wrong date's → Confirm
2. SGA → USS (EFW)
3. Oligohydroamnios → USS (Liquor)
4. Transverse lie → USS