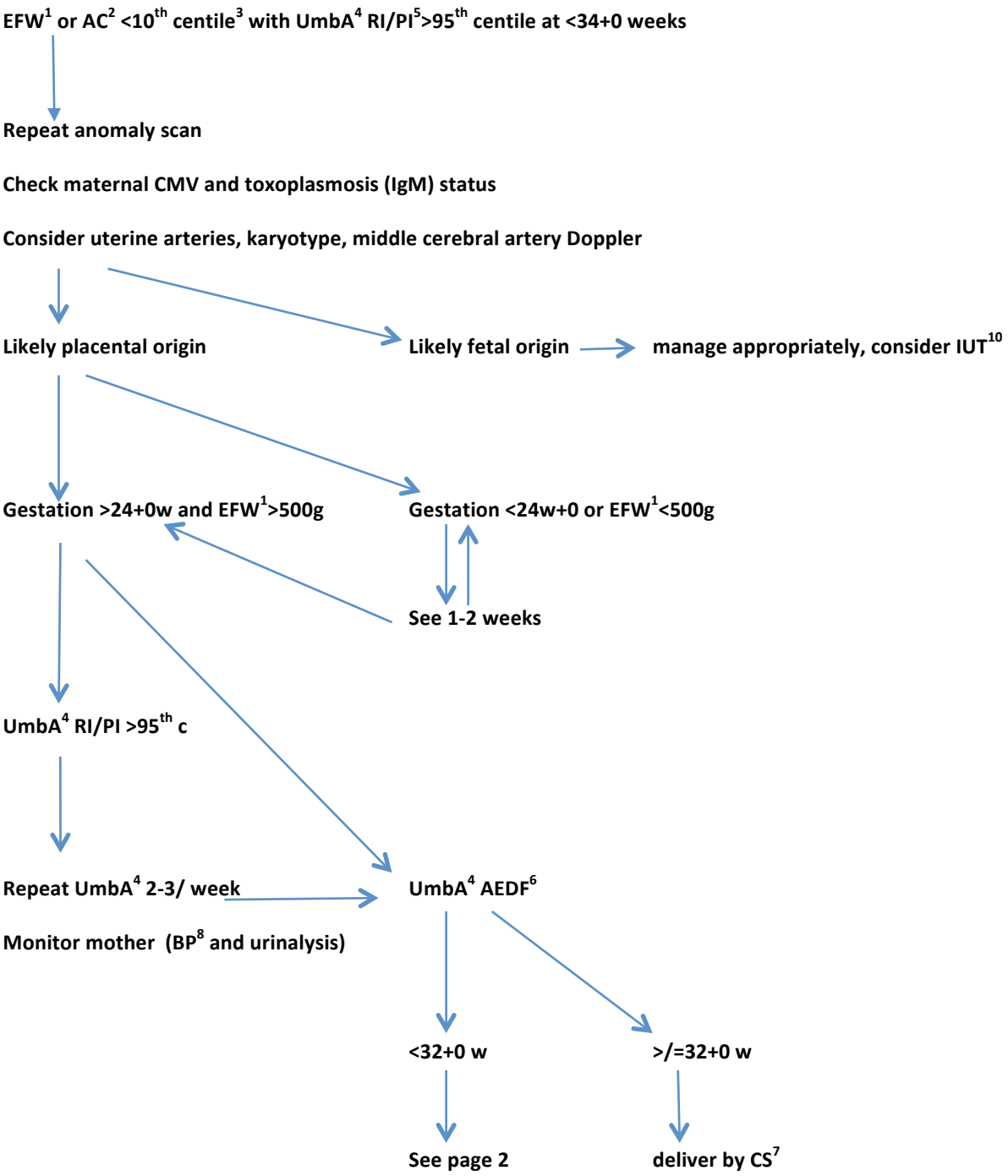
Management of preterm singleton/ DC twin Intrauterine Growth restriction (IUGR): Version 1, 24/04/2015

Authors: Mr Lawrence Impey/Oxford AHSN Maternity Network Steering Group. Ratified 22/4/15

Section 1: Management of severe preterm singleton/ DC twin IUGR without absent end – diastolic flow



Section 2: Management of severe preterm singleton/ DC twin IUGR: with AEDF

UmbA[4] AEDF[6] detected (note significant growth now unlikely)

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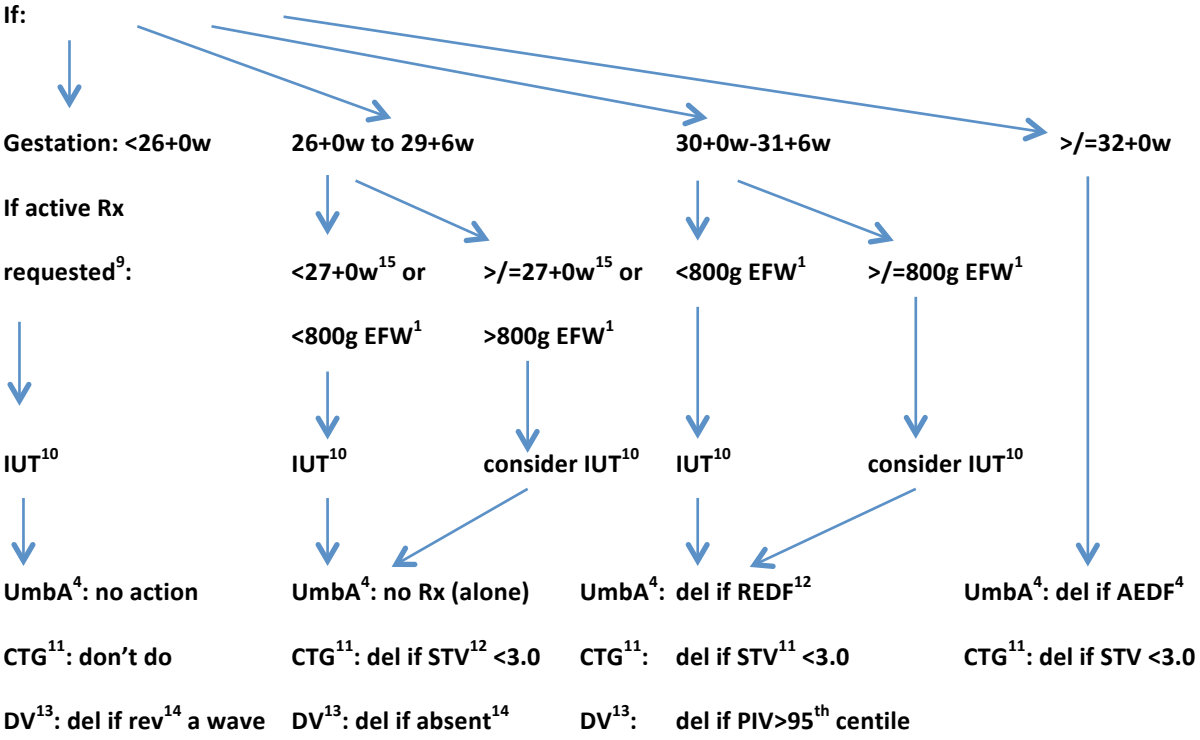
Steroids (may get temporary improvement)

Daily fetal assessment.

Monitor mother BP[8] and urinalysis

If:



NB: pre eclampsia often increases rate of deterioration and may necessitate delivery

1. 1: EFW: estimated fetal weight
2. AC: abdominal circumference
3. Centile. Use current Trust standard, accepting variation, ultimately aim to move to international chart. Avoid customised chart as ethnicity likely independent risk factor (see Intergrowth results)
4. UmbA: umbilical artery
5. RI/PI: resistance index/ pulsatility index. Follow current Trust practice as to which.
6. AEDF: absent end-diastolic flow
7. CS: caesarean section
8. BP: blood pressure
9. If active treatment requested: Following paediatric consultation. Document any discussion regarding IUT with parents. Consider providing Thames Valley Neonatal Network patient information leaflets if available.
10. IUT: in utero transfer. Where neonatal guidelines require IUT this is designated 'IUT'. Where fetal medicine guidelines advise IUT this is designated 'consider IUT'. This is because it is recognised that within the Thames Valley area many units have fetal medicine expertise. However, IUT may be discussed with any pregnancies at any stage on this guideline according to individual units' or consultants' preference. Non urgent IUT to the OUH for IUGR is normally arranged by calling fetal medicine office (01865 221716) or the fetal medicine consultant (07810 376679)
11. CTG: computerised cardiotocograph. Evidence based tool in severe IUGR
12. STV: short term variability on computerised cardiotocograph
13. DV: ductus venosus
14. 14: Absent/ reversed a wave of ductus venosus. From 26+0w, computerised CTG as effective
15. 15: Note this threshold is <28+0 if DC twin pregnancy

This document takes account of national neonatal guidelines and national fetal medicine guidelines (RCOG Greentop and Specialised Commissioning CRG service Specifications)