

# Fetal growth surveillance pathways

## Risk assessment for fetal

Type of document

Date written and version number	
Date of CMB Directorate ratification	
Date on to Microguide	
Date of expiry	
Authors	

### . Quick Reference Guide

## 2. Indications

### 2.1 Background

### 2.2 Aim/purpose

### 2.3 Patient/client group

### 2.4 Exceptions/ contraindications

### 2.5 Options

### 2.6 Definitions

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**Definition of FGR in a previous pregnancy as a risk factor:**

**Definition of FGR in a current pregnancy:**

### **3. Clinical Management**

#### **3.1 Staff & equipment**

#### **3.2 Method/procedure**

##### **3.2.1 Aspirin to reduce Early Onset Fetal Growth Restriction and Pre-eclampsia**

*2 moderate risk factors    one high risk factor*

Risk level	Risk factors	Recommendation
High	<ul style="list-style-type: none"><li>•</li><li>•</li> <li>•</li><li>•</li><li>•</li> <li>•</li><li>•</li> <li>•</li><li>•</li></ul>	
Moderate	<ul style="list-style-type: none"><li>•</li></ul>	

*If resources permit a scan EFW should be repeated in 3 weeks time to ascertain velocity as a single scan cannot provide reassurance about the growth velocity of the fetus*

### 3.2.4 Growth scan documentation

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**3.2.5b SGA - normal fetal Dopplers (less than 36+0 weeks)**

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### 3.2.5e Incidental Doppler abnormality NOT SGA

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*Between 24 – 36 weeks' gestation:*

*More than 36 weeks*



**Flow Chart for Management of Growth Scans**



**MicroGuide**

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**Author Name and Date**

**Appendix One**

