

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 31: Fetal Growth Abnormalities

Rationale: Abnormalities of fetal growth carry increased risks for morbidity and mortality. Monitoring fetal growth is an important aspect of prenatal care.

Intended Learning Outcomes:

A student should be able to:

- Define macrosomia and fetal growth restriction
- Describe etiologies of abnormal growth
- List methods of detection for fetal growth abnormalities
- Describe the management of fetal growth abnormalities
- List the associated morbidity and mortality of fetal growth abnormalities

TEACHING CASE

CASE: A 20 year-old G 2P1 African-American woman is referred to you from her family physician for an obstetrics consultation. She is currently 35 0/7 weeks based on a certain LMP with regular 28 day cycles. At her last prenatal visit, her fundal height measured 30 cm. In taking her history about her prior delivery, she tells you that she delivered 3 weeks before her due date, but that her baby was small, weighing 2400 grams. She does not report any other pregnancy complications. She smokes 2 packs of cigarettes a day and has gained 8 pounds during this pregnancy.

Physical Exam: BP 110/70; fundal height is 30 cm. Fetal heart tones are present

Obstetrical Ultrasonography Report:

Fetal number: Single

Position: Cephalic

Placenta: Anterior

Amniotic fluid volume: Normal

Fetal biometry:

BPD:	82.9 mm = 33.3 ± 3.1 weeks
HC:	299.7 mm = 33.2 ± 3.0 weeks
AC:	274.0 mm = 31.5 ± 3.0 weeks
FL:	58.0 mm = 30.3 ± 3.0 weeks
Humerus:	51.2 mm = 29.9 ± 2.8 weeks
Estimated fetal weight = 1700 ± 308 grams, less than the 10 th percentile at 34.9 weeks	

Fetal Anatomy: Normal

Umbilical artery Doppler Flow: S/D ratio = 2.66 (normal)

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

- Patient Care
- Medical Knowledge
- Systems-based Practice

1. How do you interpret the ultrasound?

2. What can you tell the patient is the possible etiology of the IUGR?

3. The patient asks you why the fetal growth problem was not detected earlier. What are the methods to screen and diagnose fetal growth disorders?

4. What would you tell the patient are the potential consequences of IUGR?

5. How would you approach managing this patient?

REFERENCES

Beckman CRB, et al. Obstetrics and Gynecology. 7th ed. Philadelphia: Lippincott, Williams & Wilkins, 2013.

Hacker NF, Moore JG, et al. Essentials of Obstetrics and Gynecology. 5th ed. Philadelphia: Saunders, 2010.

ACOG Practice Bulletin 134, Intrauterine Growth Restriction, May 2013.