

PP-021 A comparative review of national and international guidelines on the diagnosis and management of fetal growth restriction

Sonia Gkiouleka¹, Ioannis Tsakiridis¹, Apostolos Mamopoulos¹, Apostolos Athanasiadis¹, Themistoklis Dagklis¹

¹Aristotle University of Thessaloniki, School of Medicine, Faculty of Health Sciences, Hippokrateion Hospital Third Department of Obstetrics and Gynecology, Thessaloniki, Greece
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Objective: The aim of this study was to review and compare the most recently published influential guidelines on the management of pregnancies complicated by fetal growth restriction, a frequent pregnancy complication and a major contributor of fetal and neonatal morbidity and mortality.

Methods: A descriptive review of guidelines from the American College of Obstetricians and Gynecologists, the Society for Maternal-Fetal Medicine, the International Federation of Gynecology and Obstetrics, the International Society of Ultrasound in Obstetrics and Gynecology, the Royal College of Obstetricians and Gynecologists, the Society of Obstetricians and Gynecologists of Canada, the Perinatal Society of Australia and New Zealand, the Royal College of Physicians of Ireland, the French College of Gynecologists and Obstetricians, and the German Society of Gynecology and Obstetrics on FGR was carried out.

Results: The definition of fetal growth restriction and small-for-gestational-age fetuses and the diagnostic criteria lack uniformity. On the contrary, all the reviewed guidelines highlight the importance of early universal risk stratification for fetal growth restriction to accordingly modify the surveillance protocols. It is unanimously recommended to evaluate low-risk pregnancies by serial symphysis fundal height measurement, while the high-risk ones warrant increased sonographic surveillance. After fetal growth restriction diagnosis, there is consensus that umbilical artery Doppler assessment is required to further guide management. Amniotic fluid volume evaluation is recommended by some medical societies. In case of early, severe or accompanied by structural abnormalities fetal growth restriction, most of the medical societies support the performance of prenatal diagnostic testing. There is also agreement regarding the importance of continuous fetal heart rate monitoring during labor, the optimal timing and mode of delivery, and the need for histopathological examination of the placenta after delivery. On the other hand, discrepancies were identified with regards to the frequency of fetal growth and Doppler

velocimetry evaluation, although the majority of the reviewed guidelines recommend an average interval of 2 weeks, reduced to weekly or less when umbilical artery abnormalities are detected. In addition, inconsistency exists concerning the appropriate timing for corticosteroids and magnesium sulfate administration, the need of testing for congenital infections, as well as the administration of aspirin as a preventive measure. Cessation of smoking, alcohol consumption, and illicit drug use are proposed for fetal growth restriction prevention.

Conclusion: Fetal growth restriction is a clinical entity associated with numerous adverse antenatal and postnatal events mainly due to the lack of effective screening, prevention, and management policies and the absence of definitive cure apart from delivery. Therefore, it seems of insurmountable importance to develop and implement uniform international protocols for the early recognition, the adequate surveillance, and the optimal management of growth-restricted fetuses in order to ameliorate the perinatal outcomes of such pregnancies.

Keywords: Fetal growth restriction, intrauterine growth restriction, small for gestational age, guidelines, investigation, management, screening, diagnosis, prevention

PP-022 A comprehensive review of major guidelines on postnatal care

Sonia Gkiouleka¹, Ioannis Tsakiridis¹, Nikolaos Kostakis¹, Eirini Boureka¹, Apostolos Mamopoulos¹, Ioannis Kalogiannidis¹, Apostolos Athanasiadis¹, Themistoklis Dagklis¹

¹Aristotle University of Thessaloniki, School of Medicine, Faculty of Health Sciences, Hippokrateion Hospital Third Department of Obstetrics and Gynecology, Thessaloniki, Greece
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Objective: The aim of this study was to review and compare the most recently published influential guidelines on postnatal care practices, as the ongoing health care provision of both the mother and her offspring helps to timely identify and effectively manage any arising complications and therefore secure maternal and infant short- and long-term well-being.

Methods: A comprehensive review of guidelines from the American College of Obstetricians and Gynecologists, the World Health Organization, the National Institute for Health and Care Excellence, and the Public Health Agency of Canada regarding postnatal care was carried out.

Results: All the reviewed guidelines underline the