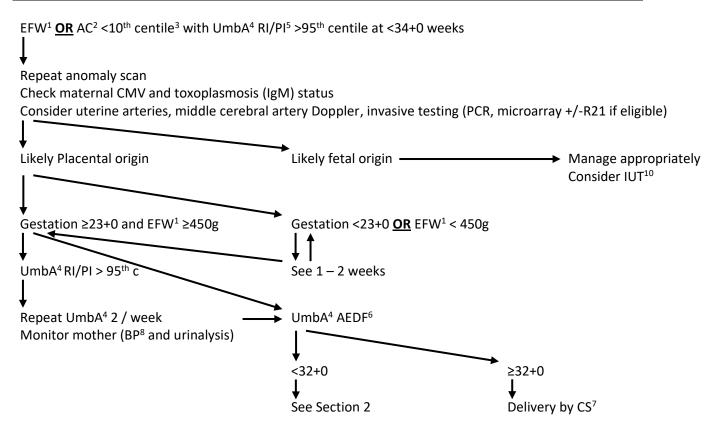


### **Health Innovation Oxford and Thames Valley Regional Maternity Guideline**

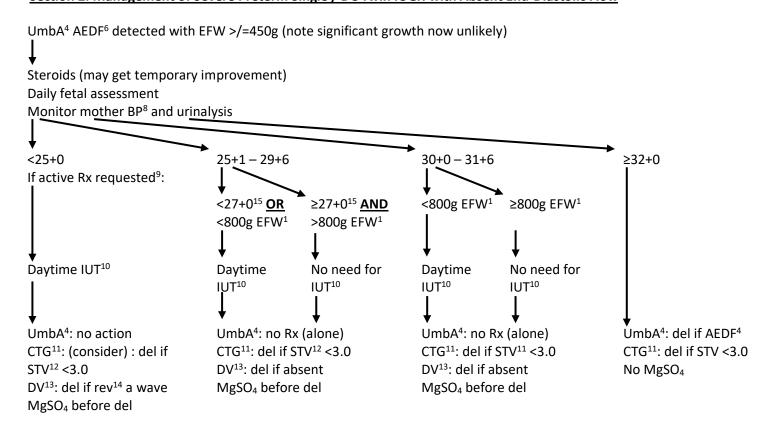
## Algorithm for Management of Preterm Singleton / DC Twin Intrauterine Growth Restriction (IUGR)

#### **Updated 10 Oct 2023 V3**

### Section 1: Management of Severe Preterm Singleton / DC Twin IUGR without Absent End-Diastolic Flow



# Section 2: Management of Severe Preterm Single / DC Twin IUGR with Absent End-Diastolic Flow





NB: preeclampsia often increases rate of deterioration and may necessitate delivery.

#### Footnotes:

- 1. EFW: estimated fetal weight
- 2. AC: abdominal circumference
- 3. Centile. Use current Trust standard, eg Hadlock, accepting variation. 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: Paediatric consultation regarding neonatal care is required. 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 'no need for IUT is written, discussion with OUH fetal medicine may be appropriate. This is up to units as 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, national fetal medicine guidelines (RCOG Greentop and Specialised Commissioning CRG Service Specifications)

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