Fetal Growth Restriction (FGR) Care Pathway
for singleton pregnancies

**RISK ASSESSMENT IN AUSTRALIA FOR FGR AT BOOKING AND AT EACH ANTENATAL VISIT**

**LEVEL 1**
No FGR risk factors identified

- More than 50% of FGR cases occur in women with NO identifiable risk factors.

**LEVEL 2**
Risk factors for FGR identified

- Age >35 years
- Nulliparity
- NF singleton pregnancy
- Indigenous ethnicity
- Substance use: smoking, drugs
- BMI >30
- Previous late (>32 weeks) FGR/SGA
- Papp A <0.4 MoM

**Antenatal complications**

- Suspected FGR/SGA by SFH or USS (eg. slow growth, static growth, <10th centile)
- Pre-eclampsia
- Antepartum haemorrhage
- Congenital infection

**Unsuitable for SFH measurements**

- BMI >40
- Large uterine fibroids

**Establishing the frequency and timing of ultrasound**

- Review existing or newly arising risk factors
- Where facilities and expertise exist, consider Uterine Artery Doppler at 20-24 weeks
- Consider low dose aspirin (100-150mg nocte) to commence prior to 16 weeks gestation
- Level A/B ACM* consultation and referral guidelines
- Frequency of ultrasound surveillance based on number of FGR risk factors, prior history and service capability (consider ultrasound of fetal size and wellbeing at 28–30 and 34–36 weeks gestation)

**LEVEL 3**
High risk of early FGR

- Previous early (<32 weeks) FGR/SGA and/or preeclampsia
- Previous stillbirth with FGR/SGA
- Maternal medical conditions, eg:
  - antiphospholipid antibody syndrome
  - renal impairment
  - chronic hypertension
  - diabetes with vascular disease

**Serial USS 2-4 weekly from 24 weeks until birth**

- Where facilities and expertise exist, consider Uterine Artery Doppler at 20-24 weeks
- Consider low dose aspirin (100-150mg nocte) to commence prior to 16 weeks gestation
- Level B/C ACM* consultation and referral guidelines

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Adapted by PSANZ/Stillbirth CRE 2018 from Royal College of Obstetricians and Gynaecologists. The Investigation and Management of the Small-for-Gestational Age fetus, 2013. Maternal/paternal SGA, low fruit intake and excessive daily exercise are not readily ascertainable.

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The Safer Baby Bundle resources are based on five key areas to support healthcare professionals with new strategies to help reduce stillbirths.

- **Smoking Cessation**
  - Supporting women to stop smoking in pregnancy.
  - #Quit4Baby

- **Fetal Growth Restriction (FGR)**
  - Improving awareness and management of fetal growth restriction.
  - #GrowingMatters

- **Decreased Fetal Movements (DFM)**
  - Improving awareness and management of decreased fetal movement.
  - #MovementsMatter

- **Side Sleeping**
  - Improving awareness of maternal safe sleeping position.
  - #SleepOnSide

- **Timing of Birth**
  - Improving decision-making around timing of birth for women with FGR.
  - #LetsTalkTiming