Objective
According to literature, the single largest risk factor for avoidable stillbirths in the UK is unrecognized fetal/intrauterine growth restriction (FGR/IUGR). The aim of this study is to review early antenatal recognition and intervention of SGA and UPI in the obstetric unit of a large district general hospital.

Methods
A retrospective study was undertaken of all SGA and UPI related stillbirths from June 2010 to November 2013. Materials included the woman’s hospital notes, perinatal mortality reports and the Scottish Woman Hand Held Maternity Record (SWHHMR). Inclusion criteria were all stillbirths of birthweight <10th centile and/or confirmed UPI in placental pathology and post-mortem. Patient demographics, clinical and ultrasound risk factors, aspirin therapy, smoking cessation therapy and growth scans were all recorded.

Results
There were a total of 17363 births and 76 stillbirths during our period of study, giving a stillbirth rate of 4.3 in 1000. 28 (1.6 in 1000) stillbirths fulfilled our inclusion criteria. Placental histology and post-mortem were available for 27 (98%) and 16 (57%) cases respectively. The mean maternal age was 28.2 and mean gestational age of confirmed stillbirth was 32.9. Average maternal BMI was 25.6. There was a total of 11 (39%) cases of SGA/UPI that were detected antenatally. 8 (29%) mothers were identified with major risk factors for UPI and/or pre-eclampsia at booking. 8 (29%) patients were recorded as smokers, and 6 (75%) accepted smoking cessation advice. In 1 (4%) case, FGR/IUGR was detected by discrepancy in symphysio-fundal height, whereas 2 (7%) were detected on ultrasound. A total of 8 (29%) patients received aspirin, and 12 (43%) were planned for serial ultrasound estimation of fetal growth for various indications. Among the 11 patients who had early recognition of IUGR, 7 (64%) received aspirin and 8 (73%) were planned for serial growth scans. A majority of the scans were performed between 30 to 36 weeks (n=9, 82%). Actual birthweight was congruent for a majority of the patients (n=7, 78%).

Conclusion
This study demonstrates that less than half of SGA and uteroplacental insufficiency were detected antenatally. Among those who were recognized early, appropriate prevention and follow-up were planned although there is still room for improvement. Measures to upgrade the standard of recognition and intervention should be employed to reduce rate of avoidable stillbirths.