Objective
It had been reported that there is a significant association between long bones length at midtrimester and the probability of SGA at term. We have constructed nomograms of fetal long bones from the local Asian population.

Methods
We constructed nomograms of the femur, humerus, tibia and ulna versus gestational age. The patients recruited all fulfilled the following criteria: (1) known last menstrual period with regular cycles, (2) singleton, (3) no fetal anomalies, (4) no pregnancy complications, (5) live birth at term, (6) birth weight above the 5th and below the 95th centile for gestation. Measurements of the fetal long bones were taken as follows: (i) Femur is measured from greater trochanter to lateral condyle, (ii) Humerus is measured from greater tuberosity to lateral epicondyle, (iii) Tibia is measured from medial condyle to medial malleolus, (iv) Ulna is measured from head to olecraneon. Polynomial regression models were fitted to the raw data to estimate the mean parameters. Standard deviation scores (SDS) were calculated for each observation γ as SDS = (γ - fitted mean) / fitted SD. The SDS were assessed for normality using the Q-Q plot and the Shapiro and Kolmogorov-Smirnov tests.

Results
The constructed nomograms are utilized in the evaluation of the fetus and they are also being uploaded into our ultrasound reporting program (Astraia).

Conclusion
Reference to the nomograms facilitate evaluation of the SGA fetus for possible IUGR, chromosomal or skeletal anomalies.