Fetal distress in labor: reduction in fetal growth velocity
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Objective
An intra-uterine reduction in growth velocity in appropriately sized fetuses may represent a group of growth-restricted fetuses which have gone unnoticed. These babies are not routinely picked up as they are not small for gestational age and may have poorer perinatal outcomes.

Methods
Data from the obstetric database of Kandang Kerbau Women’s and Children’s Hospital between 2010-2014 was retrieved with the following search criteria: singleton live births with a first trimester dating scan, birth weight of more than or equal to 2500 g, gestational age at delivery of more than or equal to 37 weeks that had both an 18-22 weeks and 28-32 weeks screening and growth scans respectively. The exclusion criteria were gestational diabetes, premature rupture of membranes, chorioamnionitis, aneuploidies or major structural abnormalities. The perinatal outcomes of fetuses with a reduction of the abdominal circumference percentile of more than 30 percent between the 3rd trimester and 2nd trimester scans were compared with fetuses with a reduction of less than 15 percent (control).

Results
8916 patients fulfilled the inclusion criteria. Of these, 742 fulfilled the criteria to be in the study group while 7364 in the control group. The relative risks for the various outcomes are as follows: APGAR at 5 minutes of less than or equal to 7, 1.665837 (95% Confidence Interval 0.4051559 - 6.849248), delivery due to fetal distress (instrumental or caesarean section), 0.9477997 (95% Confidence Interval 0.5687284 - 1.737525), meconium-stained liquor at delivery, 0.6664253 (95% Confidence Interval 0.09247969 - 4.802381), resuscitation (bag & mask or intubation), 1.188473 (95% Confidence Interval 0.8293459 - 1.703112). All these results were not significant.

Conclusion
An intra-uterine reduction in growth velocity in term appropriately sized babies is not associated with poor perinatal outcomes.