

# Correspondence

## Association of fetal growth restriction and stillbirth in twin compared with singleton pregnancies

Martínez-Varea and colleagues<sup>1</sup> reported in their retrospective study of 3576 women with a twin pregnancy that there were 41 stillbirths at  $\geq 24$  weeks' gestation. When the Fetal Medicine Foundation weight charts<sup>2</sup> for singleton pregnancies were used to define small-for-gestational age (SGA) as birth weight  $< 10^{\text{th}}$  centile, 32 (78.0%) of the stillbirths were SGA, whereas with use of their twin-specific chart<sup>3</sup>, only 19 (46.3%) stillbirths were SGA.

These findings provide further support in favor of our proposal that utilizing singleton growth charts as a reference for evaluating fetal size in twin pregnancies provides a standardized benchmark, enabling a consistent classification of fetal size regardless of whether the fetus is a singleton or a twin. Such an approach is particularly important in twins, as adverse perinatal events have a substantially higher incidence in twins than in singletons<sup>4,5</sup>. However, the authors reached the erroneous conclusion that twin-specific charts should be used in the assessment and monitoring of fetal growth in twins, because the odds ratio for stillbirth in SGA cases was higher when using twin rather than singleton birth-weight charts. The obvious explanation for their findings is that the 10<sup>th</sup> centile in the twin-specific chart is lower than that in the singleton chart. Inevitably, the lower the cut-off for diagnosis of SGA, the higher the incidence of stillbirth and the lower the detection rate. Their conclusion fails to recognize that the adoption of twin-specific charts will inevitably result in mismanagement of twin pregnancies and an increase in 'unexplained' stillbirths. This is analogous to a suggestion that, in first-trimester screening for fetal trisomies<sup>6</sup>, the finding of a nuchal translucency (NT) thickness of  $< 5$  mm should be ignored because the incidence of trisomy is higher in fetuses with NT  $\geq 5$  mm compared with  $< 5$  mm.

A. Syngelaki<sup>1,2</sup> , D. Wright<sup>3</sup>, A. Wright<sup>3</sup> and K. H. Nicolaides<sup>1,2\*</sup>

<sup>1</sup>Fetal Medicine Research Institute,  
King's College Hospital, London, UK;

<sup>2</sup>Department of Women and Children's Health, School  
of Life Course and Population Sciences,  
King's College London, London, UK;

<sup>3</sup>Institute of Health Research, University of Exeter,  
Exeter, UK

\*Correspondence.

(e-mail: kypros@fetalmedicine.com)

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