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Perinatal Outcomes in Stage II Fetal Growth Restriction

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Abnormal umbilical artery flow with absent or reversed end-diastolic velocity (AREDEV) during pregnancy is a strong indicator of placental insufficiency. It may be associated with IUFD, stillbirth, neonatal complications like respiratory distress syndrome, necrotizing enterocolitis, intraventricular haemorrhage, bronchopulmonary dysplasia, perinatal mortality, and long-term neurodevelopmental impairment. When AREDEV occurs prenatally, a close follow-up or expeditious delivery should be contemplated.

We describe 9 cases of high-risk pregnancy with absent end diastolic flow velocity with successful perinatal outcome. Out of nine cases 8 cases presented with fetal growth restriction. 2 cases terminated by LSCS at 30 weeks in view of reversed end diastolic flow velocity delivering very LBW babies which needed NICU admission. Remaining 6 cases delivered by LSCS after 34 weeks in view of stage 2 FGR. All the cases were monitored by serial Doppler study, delivered successfully at desired gestational age which improved the perinatal outcome with varying duration of NICU stay.

Women with high-risk pregnancies, such as preeclampsia, gestational hypertension and fetal growth restriction, diabetes should be evaluated with umbilical artery Doppler velocimetry to reduce the possibility of perinatal mortality and morbidity. Although AEDF indicates a fetus under vascular stress, this finding alone will include a spectrum of response in the baby, from the well compensated to the irreversibly damaged. Early diagnosis, timely intervention with measures for fetal lung maturity and neuroprotection improves perinatal outcome.

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