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STAGE BASED INTEGRATED MANAGEMENT OF FETAL GROWTH RESTRICTION USING BARCELONA PROTOCOL VS CONVENTIONAL MANAGEMENT: A RANDOMIZED CONTROLLED TRIAL

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BACKGROUND: Fetal growth restriction (FGR) is associated with increased perinatal risks and mortality. Differentiation from SGA (small-for-gestational-age-babies) and managing them is challenging. A protocol is proposed by the Barcelona Center of Maternal-Fetal Medicine that classifies them and optimizes delivery timings. We conducted a RCT that tested the efficacy of the Barcelona protocol.

OBJECTIVE: To determine the perinatal outcome of FGR using Barcelona protocol and comparing it with conventional antenatal management.

METHODOLOGY: 30 women with single, live non-anomalous fetuses of more than 26weeks of gestation were randomized into two groups: 15women in Group-A(Barcelona protocol) and 15women in Group-B(conventional management). The perinatal outcomes were compared.

RESULTS: 3 Women in each group were SGA and 12 were stage-1 FGR. Mean age at delivery in SGA:40+1weeks in group-A, 38weeks in group-B. In Stage-1 FGR, it was 38+6weeks in group-A, 36+4weeks in group-B. Mode of delivery: SGA fetuses- all had vaginal-delivery in group-A while 1 had Caesarean-section in group-B. In FGR-fetuses, group-A:4 vaginal, 8 Caesarean-deliveries while Group-B:3 vaginal, 9 Caesarean-deliveries. Maternal complications:1 woman in group-A, 2 in group-B developed preeclampsia, 2 women in group-A, 4 in group-B developed Oligohydramnios. One baby in group-B required tactile-stimulation for resuscitation. Mean APGAR-scores at1-min, 5-min were 7.8, 8.6in group-A and 7.0, 7.9 in group-B respectively. Birth weight:<1500gm-2 in group-B;1500-2499:8 in Group-A, 10 in group-B;2500-2999:6 in group-A and 3 in Group-B;>3000gm:1 in group-A. 3 neonates in group-B had respiratory-distress at birth, 2 had hyperbilirubinemia, 1 septicemia. Follow-up at 7th-day of life showed- one neonate had septicemia in group-B.

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