



Route of Delivery in IUGR

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According to ACOG, **GA** and results of **antenatal testing** should be considered when individualizing the timing of delivery. Once extrauterine survival is possible, delivery may be considered if fetal assessment is **nonreassuring** or if there is complete **absence of growth over 2-4 weeks**.



RCOG is more specific and states that if the **surveillance is normal** and **end diastolic flow** is present, then delay delivery until **37 weeks**



If end diastolic velocity is absent or reversed,
then **hospitalize**,
administer **steroids**, and monitor closely
with **biophysical profiles** and **venous**
Dopplers, delaying delivery until **34**
weeks, if reassuring.



Unlike ACOG, with suboptimal growth RCOG encourages administration of **steroids** if gestational age is **less than 36 weeks**, continuous monitoring with CTG, and delivery at a unit at which optimal neonatal expertise and facilities are available.



Suggestions for the management of inadequately grown fetuses also differ for the 2 guidelines. RCOG recommends administration of steroid until 36 weeks, which is 2 additional weeks than ACOG suggestion for preterm delivery.

Whereas RCOG provides specific recommendations for timing, location, and intrapartum management of SGA,

ACOG does not



THANKS