Expectant management of IUGR pregnancy - perinatal outcome

AUTHOR/s.

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ABSTRACT.

Context - intrauterine growth restriction (IUGR) is a cause of perinatal and neonatal morbidity and mortality. Still there is no consensus on management of IUGR pregnancies. Expectant management of IUGR pregnancies has positive impact on perinatal and neonatal outcome.

Objective - to establish the impact of gestational age at birth on perinatal outcome in IUGR pregnancies.

Patients - 209 patients of Riga Maternity Hospital who gave birth to newborns whose weight was fewer than 10. percentile (Intrauterine Growth Curves Pediatrix Medical Group) were enrolled in the study group; control group included 209 patient with uncomplicated term singleton pregnancy. Follow up was done on 96 IUGR group neonates and 98 control group neonates.

Intervention - retrospective case record study with neonatal follow up.

Main Outcome - in IUGR group hypoglycaemia, polycythaemia, acidosis, neurologic symptoms, admission to ITU and hospital stay statistically significantly decreases after 40 weeks of pregnancy. Control group demonstrated decreased polycythaemia and ITU admission after 40 weeks of pregnancy.

Conclusion - IUGR pregnancies should be managed expectantly with systemic fetal monitoring.