

## Management of Fetal Growth Restriction

Definition: EFW < 10<sup>th</sup> percentile  
and/or AC < 10<sup>th</sup> percentile

BPP, UA Doppler, and offer amniocentesis if <32 weeks and/or polyhydramnios, structural defect. Add CMV if for amniocentesis. (If referred from outside provider for FGR, perform Doppler regardless of EFW/AC percentile).

Normal testing (Doppler, BPP)

Repeat Doppler in 1-2 weeks, initiate ANFS as appropriate. If in ANFS, weekly UA Doppler.

Repeat growth in 3-4 weeks.

Delivery at 37 weeks if EFW < 3<sup>rd</sup> percentile, 38-39 weeks if isolated FGR 3<sup>rd</sup> - 10<sup>th</sup> percentile.

Elevated UA PI or oligohydramnios

Doppler work up to include MCA Doppler for CPR at time of growth ultrasounds.

Weekly UA Doppler. Initiate ANFS as appropriate.

Repeat growth in 2 weeks.

If oligohydramnios, delivery at 34-37 weeks.  
If isolated FGR with elevated UA PI, delivery at 37 weeks.

UA AEDF/REDF

Check DV Doppler.

Hospital admission. Repeat Doppler in 24 hours (2-3x/week). Fetal monitoring. Non-reassuring fetal testing may necessitate delivery.

Repeat growth in 2 weeks.

AEDF: delivery at 33-34 weeks.  
REDF: delivery at 30-32 weeks.