### A regional audit for the detection of Small-for-Gestational-Age (SGA) babies within the Thames Valley area



# intergrowth21.ndog.ox.ac.uk

Which of these are previous SGAs? Centiles

• 41+2 Male 2.8kg

• 3.02

• 37+0 Female 2.4kg

• 13.6

• 36+5 Male 2.3kg

• 14.38

• 34+4 Female 2.0kg

• 22.07

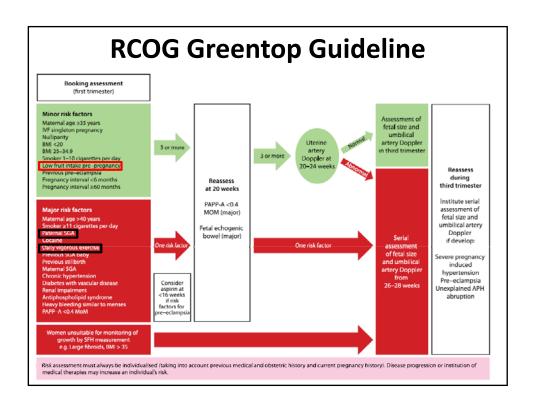
Table A: Available fro	m history at booking (usually p	rior to 12 weeks)		
Risk category	Definition of risk	Definition of outcome measure	Estimate measure	Point estimate and 95% CI
Maternal Risk Factors				
Age	Maternal age ≥ 35 years <sup>22</sup>	BW < 10th centile population	OR	1.4 (1.1-1.8)
	Maternal age > 40 years <sup>22</sup> †	BW < 10th centile population	OR	3.2 (1.9-5.4)
Parity	Nulliparity <sup>25</sup>	BW < 10th centile population*	OR	1.89 (1.82-1.96)
BMI	BMI < 20 <sup>28</sup>	BW < 10th centile customised	OR	1.2 (1.1–1.3)
	BMI 25-29.9 <sup>28</sup>	BW < 10th centile customised	RR	1.2 (1.1-1.3)
	BMI ≥ 30 <sup>28</sup>	BW < 10th centile customised	RR	1.5 (1.3-1.7)
Maternal substance	Smoker <sup>32</sup>	BW < 10th centile customised	AOR	1.4 (1.2-1.7)
Exposure	Smoker 1–10 cigarettes per day <sup>29</sup>	BW < 9.9th centile population	OR	1.54 (1.39-1.7)
	Smoker ≥ 11 cigarettes per day <sup>29</sup> †	BW < 9.9th centile population	OR	2.21 (2.03-2.4)
	Cocaine <sup>38</sup> †	BW < 10th centile population	OR	3.23 (2.43-4.3)
IVF	IVF singleton pregnancy <sup>41</sup>	BW < 10th centile	OR	1.6 (1.3-2.0)
Exercise	Daily vigorous exercise <sup>32</sup> †	BW < 10th centile customised	AOR	3.3 (1.5-7.2)
Diet	Low fruit intake pre-pregnancy <sup>32</sup> 0	BW < 10th centile customised	AOR	1.9 (1.3-2.8)
Previous Pregnancy Hist	tory			
Previous SGA	Previous SGA baby <sup>8</sup> †	BW < 10th centile customised	OR	3.9 (2.14-7.12)
Previous Stillbirth	Previous stillbirth <sup>8</sup> †	BW < 10th centile customised	OR	6.4 (0.78-52.56)
Previous pre-eclampsia	Pre-eclampsia <sup>9</sup>	BW < 10th centile population	AOR	1.31 (1.19–1.44)
Pregnancy Interval	Pregnancy interval < 6 months <sup>33</sup>	SGA not defined*	AOR	1.26 (1.18-1.33)
	Pregnancy interval ≥ 60 months <sup>33</sup>	SGA not defined*	AOR	1.29 (1.2-1.39)

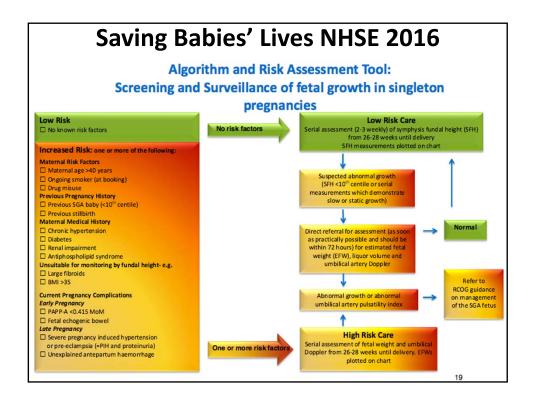
# **Background**

- SGA related to increased perinatal morbidity and mortality (RCOG GTG 31 2013)
- SGA accounts for approximately half of all stillbirths (Smith TOG 2015, Gardosi et al BMJ 2013)
- England stillbirth rate 4.7/1000 with 25% variation (Saving Babies' Lives, NHSE 2016)

# **Aims**

- Detection rate of SGA babies
  - Current routine care detects 1/4 (Smith TOG 2015)
- How they were detected
- Neonatal outcomes
- Compare with RCOG guidelines

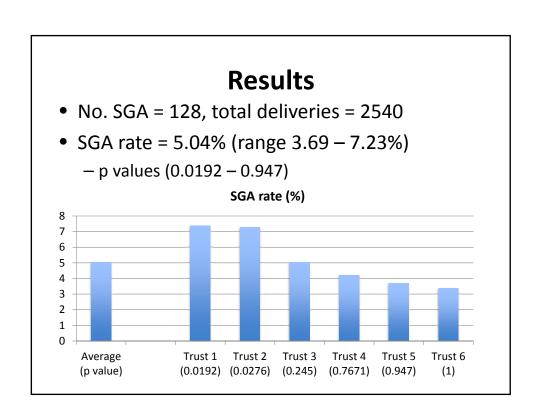


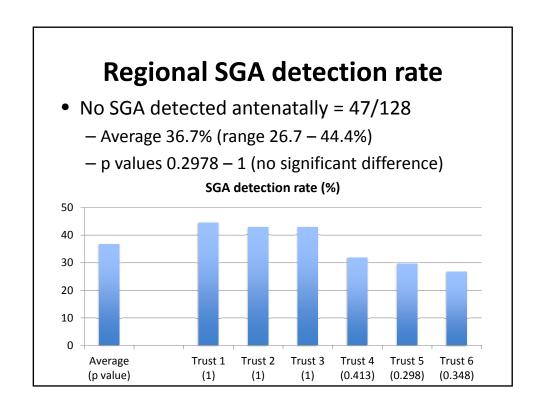


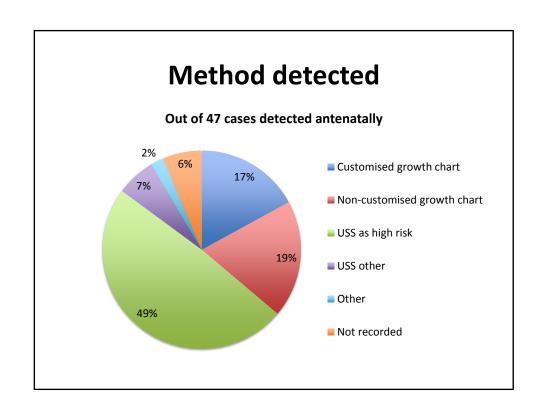
### Method and definitions

- Retrospective local and regional audit using same proforma across all Trusts
- All deliveries in March 2015
- SGA = birthweight less than 10<sup>th</sup> centile using INTERGROWTH-21st standard
- Gestation = after 33 weeks gestation
- Exclusion = multiple pregnancies or fetal abnormalities

# Unit Audit number Niff number (nucher) Noti number (nucher) Data Collection sheet for each 56A baby Key details Date of det (state) Gestation at det (state) Gestation at det (state) Birthweight (state) Conder M F (state) Conder M F (state) Conder M F (state) Conset of labour sport (DC, pre-labour cs If DC or ECCs, why SGA SGM PET dates other (state) Detected autentaally V N (or pre-labour cs If DC or ECCs, why SGA SGM PET dates other (state) Detected autentaally V N (or pre-labour cs If DC or ECCs, why SGA SGM PET dates other (state) Detected autentaally V N (or pre-labour cs If DC or ECCs, why SGA SGM PET dates other (state) Detected autentaally V N (or pre-labour cs If DC or ECCs, why SGA SGM PET dates other (state) Detected autentaally V N (or pre-labour cs All sea evol Manage evol Manage evol Manage evol Detected autentaally content (state) Per SGA baby Per vet till Birth Conceile till Birth App at Admission to NNU? Artenutad details Age at delivery Parity Last scan before det (date) Act / ETW/ AFI / MCA / UA (Pl and/or Rt) Number of extra USS

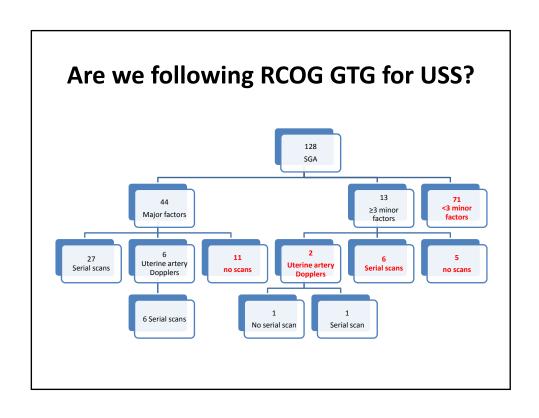






# **Neonatal outcomes**

- Number too small for statistical analysis
  - -5 minute Apgars ≤ 7 = 3
  - -pH < 7 = 0
  - Admission to NNU = 19
- Number of stillbirths not available from dashboard / MBBRACE



# How accurate are growth scans?

- 56 cases that recorded centiles at last scan:
  - False negatives (≥10<sup>th</sup> centile at last scan) = 36
     True positives (≤10<sup>th</sup> centile at last scan) = 20
     Sensitivity = 35.7%
- Would need to look at all USS to work out specificity / NPV / PPV
- On average an extra 3.5 scans performed for those that were detected antenatally (range 2.75 – 4.75)
- NB Hadlock vs INTERGROWTH-21st
  - Awaiting INTERGROWTH-21<sup>st</sup> EFW chart

### **Conclusions and recommendations**

- Currently picking up 36.7% SGA antenatally
- Using the same standard for SGA allows comparison and accrual for regional data
  - Re-audit. Attempt prospectively at all births / USS?
- RCOG vs NHSE screening algorithms for stratifying risk of SGA

### **Further discussions**

- How do we pick up SGAs that do not have risk factors?
  - 71/128 had <3 minor factors or no risk factors
    - Customised GROW chart?
    - Possibly increase detection rate by 25% (Smith TOG 2015, 2 units 43% detection rate)
  - Serial or 3<sup>rd</sup> trimester USS?
    - Nicolaides vs Gardosi (RSM 2015)
    - POP study (Sovio et al Lancet 2015) universal 3rd trimester increases detection x3
    - Oxford study ongoing
  - Quality control for USS
    - · Hadlock vs INTERGROWTH?
    - · False positives and unnecessary inductions?
    - Which are the unwell SGA (MCA / CPR) / fetal growth restriction?
- Even if SGA is picked up, risk of stillbirth only reduced by 50%
  - Management of SGA is as important as detection

# Thank you! Any questions?

- References
  - INTERGROWTH-21st app: http://intergrowth21.ndog.ox.ac.uk/
  - Saving Babies' Lives Bundle, NHSE March 2016
  - Small-for-Gestational-Age Fetus, Investigation and Management, RCOG Greentop Guideline No.31 2013
  - Prevention of Stillbirth, Gordon Smith, TOG 2015
  - Screening for fetal growth restriction with universal third trimester ultrasonography in nulliparouns women in the Pregnancy Outcome Prediction (POP) study: a prospective cohort study, Sovio et al, Lancet 2015