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Is abdominal circumference accurate for diagnosing fetal growth restriction and its neonatal complications?

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Fetal Growth Restriction (FGR) is associated with adverse neonatal, post-natal and paediatric outcomes. Early detection via FGR screening allows adequate risk management with emphasis placed on early prenatal care. This review aims to evaluate the usefulness of Abdominal Circumference (AC) in FGR diagnosis and in prediction of associated adverse outcomes. Pubmed, Cochrane and Scopus were systematically searched to find 8 appropriate articles for review. Evidence determined AC to be a useful technique to elucidate fetal growth independently but to be even more accurate in combination with other parameters. This data will inform the practice of obstetricians; selecting those fetuses at risk is necessary for allocation of antenatal testing, appropriate treatment and timely delivery. Limitations of this review included varying population selection, use of retrospective data and the inclusion of both twin and singleton studies. A combined approach of AC and estimated fetal weight (EFW) in FGR diagnosis appears to be the most sensitive and specific criteria. Future research into individualisation of fetal growth study and inclusion of biochemical markers appears promising.

References

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