

# 336 Fetal Growth Restriction

## Definition/Cut-off Value

Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation (IUGR)), may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight < 10<sup>th</sup> percentile for gestational age.

Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver. See Clarification for more information about self-reporting a diagnosis.

## Participant Category and Priority Level

Category	Priority
Pregnant Women	I

## Justification

Fetal Growth Restriction (FGR) usually leads to low birth weight (LBW) which is the strongest possible indicator of perinatal mortality risk. Severely growth restricted infants are at increased risk of fetal and neonatal death, hypoglycemia, polycythemia, cerebral palsy, anemia, bone disease, birth asphyxia, and long term neurocognitive complications. FGR may also lead to increased risk of ischemic heart disease, hypertension, obstructive lung disease, diabetes mellitus, and death from cardiovascular disease in adulthood. FGR may be caused by conditions affecting the fetus such as infections and chromosomal and congenital anomalies. Restricted growth is also associated with maternal height, prepregnancy weight, birth interval, and maternal smoking. WIC's emphasis on preventive strategies to combat smoking, improve nutrition, and increase birth interval, may provide the guidance needed to improve fetal growth.

## References

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4. Institute of Medicine. *Nutrition during pregnancy; part I, weight gain and part II, nutrient supplements.* National Academy Press, Washington, D.C. 1990.
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8. Stein ZA, Susser M. Intrauterine growth retardation: epidemiological issues and public health significance. *Semin. Perinatol.* 1984; 8:5-14.
9. Williams SR. *Nutrition and diet therapy.* St. Louis, Missouri: Times Mirror/Mosby College Pub, 1989.
10. Worthington-Roberts BS, Williams SR. *Nutrition During Pregnancy and Lactation.* St. Louis: Mosby, 1989.

### Clarification

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis (“My doctor says that I have/my son or daughter has...”) should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis.