

FETAL GROWTH ASSESSMENT IN PREGNANCY GUIDELINE

1. OPTIMAL OUTCOMES

- Appropriate detection of fetal growth
- Referral to appropriate medical staff

2. PATIENT

- Pregnant woman

3. STAFF

- Registered midwives
- Medical staff
- Student midwives

4. EQUIPMENT

- Tape measure

5. CLINICAL PRACTICE

- Obtain verbal consent
- Measure and document the fundal height at every visit, once palpable, with the woman in a 45° supine position, with an empty bladder and legs extended
- Measure the distance between the fundus and the symphysis pubis
- Hold tape measure on the fundus, and along the longitudinal axis of the baby, to the symphysis pubis.
- Place the tape measure face down to prevent bias
- Compare growth since previous visit
- Refer a woman with a fundal height measurement of 3cm or more different from her gestational age for an ultrasound scan for:
 - Growth
 - Umbilical Doppler
 - amniotic fluid index (AFI)after consultation with the obstetric registrar

6. HAZARDS/SUB-OPTIMAL OUTCOMES

- Fetal growth restriction
- Fetal macrosomia
- Polyhydramnios
- Oligohydramnios

7. DOCUMENTATION

- Antenatal continuation notes
- Yellow card/Woman Handheld records
- Midwifery referral form
- Ultrasound referral form

ROYAL HOSPITAL FOR WOMENApproved by
Patient Care Committee
6/12/07**CLINICAL POLICIES, PROCEDURES & GUIDELINES****FETAL GROWTH ASSESSMENT IN PREGNANCY GUIDELINE cont'd****8. EDUCATIONAL NOTES**

- Fundal height is used to measure fetal growth in relation to gestational age.
- Measurements should equal gestational age plus or minus 2cm. Prior to 20 weeks fundal height is below the umbilicus and over 20 weeks above the umbilicus, where the fundal height should then grow 1cm per week
- Assessing growth using fundal height, by landmark or measurement, is vulnerable to subjectivity and variability in technique between assessments and assessors. To date, neither method has been shown to be more effective than the other at detecting growth abnormalities at a level that improves outcomes (NICE 2003).
- Because the various measurement techniques yield different results, it is important that clinicians be consistent in their measurement technique.

9. RELATED POLICIES/ PROCEDURES/GUIDELINES

- Gestational Hypertension
- Gestational Diabetes

10. REFERENCES

- Engstrom JL, Sittler CP. Fundal height measurement: techniques for measuring fundal height. *J Nurse Midwifery*. 1993 Jan-Feb; 38(1): p. 5-16
- Griggs C. Working with women in pregnancy. In: Pairman S, Pincombe J, Thorogood C, Tracy S, editors. "Midwifery: preparation for practice". Sydney: Elsevier; 2006.p. 357-358
- Neilson, J.P. (2006) Symphysis-fundal height measurement in pregnancy. (The Cochrane Database of Systemic Reviews).
- ACMI national Midwifery Guidelines for Consultation and Referral. 2004 *Australian College of Midwives Incorporated*. Canberra