

Recognising risk factors for adverse outcome: the importance of fetal growth status

Jason Gardosi – West Midlands Perinatal Institute, Birmingham, UK

The intrapartum CTG is a good screening tool, but not predictive when 'non-reassuring'. A variety of maternal, fetal and pregnancy related factors are important for interpreting the significance of a particular fetal heart rate abnormality each situation. The question is, how well is the fetus able to withstand 'stress' before it becomes 'distress'. The amount of reserve at the beginning of labour relates to a great extent to the growth trajectory the baby had during its antepartum course. The level and intensity of intrapartum surveillance needs to be adapted to take this into consideration

Yet in most instances, growth status is an unknown variable during the whole of the perinatal period. Perinatal audits and confidential enquiries show that, in most instances, growth failure goes unrecognised. They also highlight the strong links between antenatal growth restriction and intrapartum compromise. Babies with reduced growth may be adversely affected by degrees of hypoxic insults which are tolerated by babies which have grown well and have good 'reserve'.

Together, this evidence points to the antenatal origins of intrapartum compromise. There is a need to recognise that good intrapartum care needs to start with better surveillance from the beginning of pregnancy, focusing on longitudinal assessment of fetal growth and well-being. The more is known at the beginning of labour, the better the perinatal care, as it can thus be 'customised' for each individual baby.