

FP 013

AUDIT ON ASSESSMENT AND MANAGEMENT OF SMALL FOR GESTATIONAL AGE (SGA)

S.Raguraman¹, A.Kanagalingam²

L²- *District General Hospital Mullaitivu, Mullaitivu, Sri Lanka.*

Introduction

Small—for—gestational age (SGA) refers to an infant born with a birth weight less than the 10th centile. Clinical examination is a method of screening for fetal size but is unreliable in detecting SGA fetuses. Diagnosis of SGA fetus usually relies on ultrasound measurement of fetal abdominal circumference or estimation of fetal weight. Management of the SGA fetus directed at timely delivery.

Objective

To evaluate the correct assessment and management of small for Gestational age.

Methodology

An institutionally based retrospective audit was carried out at District General Hospital Mullaitivu, Sri Lanka. The sample was comprised of all pregnant women who were delivered from 1st of October 2019 to 31st of March 2020. Data were collected from patient bed head tickets and Antenatal record book after informed written permission from hospital administration by investigators. Pregnant mothers who were not follow up in our antenatal clinic were excluded criteria. Level of performance was set at 80%. Data were analyzed by simple proportion to draw a conclusion.

Results

This study involved 390 women who delivered during the study period aged between 17 — 41 and 108 women are primi. Out of 390 women, 297 (76.1%) were normal vaginal deliveries, 90 (23%) were caesarian sections, and 3 (0.9%) were assisted vaginal delivery. 53 (13.5%) women delivered the baby with birth weight less than 2500g. In that, 29 (54.7%) were identified during the antenatal period, and rest (45.3%) were diagnosed after delivery. None of the women underwent risk factor assessment and serial growth assessment at booking visit. All women who diagnosed SGA during the antenatal period by routine ultrasound scan and none of them referred from the local clinic or by measurement of SFH. 82.7% (24/29) women were diagnosed after 28 weeks of gestation. However, after diagnosis, all women had serial growth assessment and delivered by 37 weeks. Dexamethasone injection was given to all women who delivered between 24 to 35+6 weeks.

Conclusion

Initial SGA risk assessment at booking visit and following serial growth assessment was not performed at the antenatal clinic, and SFH measurement and referral from the local clinic level were not satisfactory. On the other hand, after the diagnosis of SGA monitoring and time of management were reached the target.