Patient Information Service

Women and children’s business unit

Small baby and intrauterine growth restriction

Southend University Hospital
NHS Foundation Trust
What is IUGR?

IUGR stands for Intra-Uterine Growth Restriction. This is when a baby’s growth inside the uterus (womb) has slowed down or stopped. It may be suspected if, during a routine antenatal examination, the size of the uterus is smaller than expected according to the customised growth chart.

The customised growth chart is based on your height, weight, ethnicity and parity (how many children you have previously had). This chart is generated after you have had your dating scan, and gives an estimate of the optimum weight range that your baby should reach at term.

75 per cent of small babies are normally small. However ten per cent of small babies will go onto develop IUGR. The only way of diagnosing IUGR is by monitoring the growth of small babies.
How do I know if my baby’s growth is normal?

Growth is generally measured by:

Measuring your abdomen with a tape measure, from the top of your uterus down to your pubic bone. This is done at each antenatal check-up from 26 to 28 weeks. The findings are then plotted on your customised growth chart. Depending on the findings a scan may be arranged. However the consultant may decide against monitoring if the baby continues to be small, but shows normal weight gain.

For some women, measuring the abdomen will not be appropriate, for example if you have a raised BMI, known uterine fibroids or a multiple pregnancy then measurements will not be accurate. If you have previously had an IUGR baby, have pre-existing diabetes or other risk factors then abdominal measurement will not be the most appropriate method of assessing your baby’s growth. In all these cases a growth scan will be arranged, with follow up scans if appropriate.

IUGR can be confirmed by:

Ultrasound scan

Your baby’s femur (leg), baby’s head and abdominal circumference are measured. These measurements give us the baby’s estimated weight, which is then plotted onto your customised chart.

Doppler ultrasound scan

This is a special scan that measures how well the blood is flowing from the placenta, through the umbilical cord, to the baby, and back again.
Your growing baby is dependant upon the placenta for supplying oxygen and nutrition, and removing waste products. Any problems with the blood flow to and from the placenta can affect the growth of your baby. This scan can be undertaken at the same time as the other scan.

What causes IUGR?

Several factors are thought to contribute to IUGR, these are:

- smoking
- pre-eclampsia
- multiple pregnancies
- anaemia
- heavy bleeding in pregnancy
- alcohol
- drug abuse
- heart or chest disease
- infections in pregnancy.

However sometimes we are unable to determine the cause of the growth restriction.

How does it affect my baby?

In pregnancy, if your baby does not receive the valuable nutrition it needs to grow, it is likely to be small when it is born.
If you are between 24 to 34 weeks pregnant when the problem is discovered, your consultant may recommend that you have injections of a steroid called Betamethasone. This will help your baby’s lungs to mature just in case there is a need to deliver the baby early.

**Will I have to go into hospital?**

If IUGR is suspected, an ultrasound scan will be arranged to check the growth of your baby. If the scan finds that the growth is less than expected, regular scans at the hospital will be arranged to monitor the growth of your baby.

To help the growth of your baby, you may be advised to stop work, eat a well balanced diet and to rest. If you smoke you will be given encouragement to stop or reduce the number of cigarettes you smoke. You will be asked to monitor your baby’s movements and complete the fetal activity chart in your handheld notes.

If IUGR is not monitored closely it can affect the health of your baby. As the placenta deteriorates it fails to function properly. This means that the blood flow to your baby is reduced, the nutritional supply is decreased and your baby’s brain may be starved of valuable oxygen. In the most severe cases the baby can be born with brain damage or even die.
Will I be able to have a normal delivery?

Providing that your consultant feels that your baby can cope with the stresses of labour and is cephalic (head down), there is no reason why you should not have a normal birth. However, to ensure that in the event of an emergency, swift action can be taken to deliver the baby by caesarean section:

- You may be offered an induction of labour before your due date if the consultant thinks your baby is at risk
- You will be advised not to eat or drink once in labour
- You will be offered a drip into your arm to provide fluids
- Your baby’s heart beat will be continuously monitored
- You may be offered an epidural for pain relief.

What will happen to my baby after the delivery?

The paediatrician (baby doctor) will be present at the birth to examine your baby. If the paediatrician thinks that your baby requires observation or treatment then the baby may be admitted to the neonatal unit, where you can visit at anytime. On the neonatal unit you will be given advice and shown how to care for your baby. If your baby is warded to the postnatal ward with you, the midwives and nursery nurses on the ward will provide you with advice on feeding and caring for your baby. It will be important to keep the baby warm; therefore we suggest that when you come in, you bring baby clothes including hats and cardigans although skin to skin contact is the best way to maintain baby’s temperature.
Depending on your baby’s birthweight, additional monitoring such as blood glucose monitoring may be required for a period of time. If so, this will be explained to you at the time.

**Will it affect my next pregnancy?**

This is dependant on what caused the IUGR. If the problem was caused by smoking, alcohol, or drugs or an infection, then the chance of recurrence is lowered only if these risk factors are reduced or eliminated. However regardless of previous causes, your next pregnancy will be closely monitored.
If this leaflet does not answer all of your questions, or if you have any other concerns please contact either your midwife or ring the MB1 ward on: 01702 385301.

www.southend.nhs.uk

For a translated, large print or audio tape version of this document please contact:

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