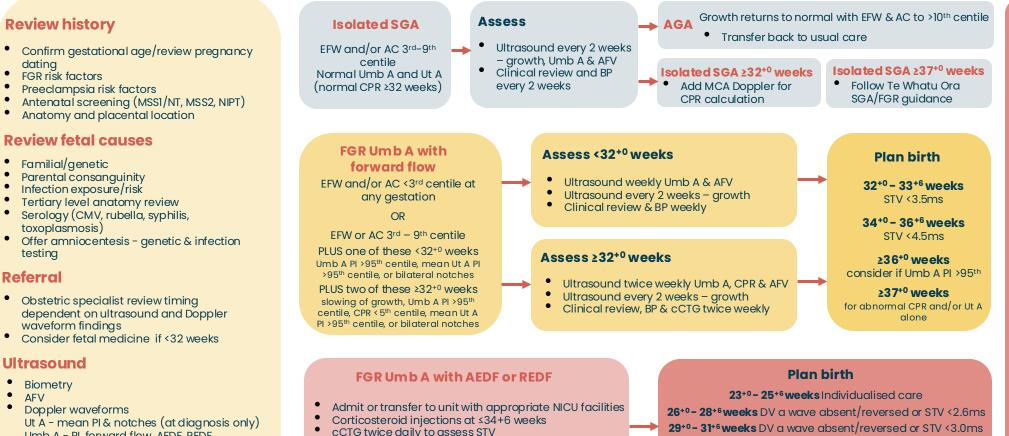
Management of preterm FGR and SGA (<37⁺⁰ weeks)

Algorithm

AFV

CAROSIKA



Umb A - PI, forward flow, AEDF, REDF DV - PI, absent or reversed a wave (<32 weeks) MCA - to allow calculation of CPR (≥32 weeks)

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For more information including access to

Taonga Tuku Iho (national best practice guide),

you can access the Carosika Collaborative

website www.carosikacollaborative.co.nz or

by using the QR code.

Clinical review and BP daily

Ultrasound every 2 weeks - growth

Ultrasound 2-3 times per week - Umb A, DV & AFV

Comprehensive clinical oversight of māmā/person and pēpi wellbeing is required and may override recommendations within this algorithm

Abbreviations: AC - abdominal circumference, AEDF - absent end diastolic

flow, AFV - amniotic fluid volume , CPR - cerebroplacental ratio, cCTG -

computerised cardiotocograph, DV - ductus venosus, EFW - estimated fetal

weight, FGR - fetal growth restriction, , MCA - middle cerebral artery, PI -

pulsatility index, REDF - reversed end diastolic flow, SGA - small for gestational

age, STV - short term variability, Umb A - umbilical artery, Ut A - uterine artery.

Adapted with permission from: 'Small for aestational age and fetal growth restriction in Aotearoa New Zealand He Aratohu Ritenga Haumanu mō te Tōhuatanga Kōpiri me te Pakupaku Rawa. A clinical practice guideline: Wellington: Te Whatu Ora - Health New Zealand.'

≥32⁺⁰ weeks REDF (consider from 30⁺⁰ weeks)

≥34⁺⁰ weeks AEDF (consider from 32⁺⁰ weeks)

Magnesium sulphate prior to birth at <30⁺⁰ weeks