# Temporary note to users of the *Referral Guidelines*

There are changes in the descriptions of fetal growth restriction and small for gestational age (referral codes 3023, 4048, 4049, 4050, 4051 & 8048) included in these 2023 Referral Guidelines. These definitions align with the revised Small for Gestational Age and Fetal Growth Restriction Clinical Practice Guideline (SGA/FGR guideline)which is due to be published soon after the publication of the 2023 Referral Guidelines.

To avoid risk of version control errors and confusion, the new definitions have been incorporated in these 2023 Referral Guidelines in advance of the SGA/FGR guideline publication.

From the date that the 2023 Referral Guidelines are published (28th March, 2023) practitioners are advised to refer women/people according to the new definitions and descriptions. ***Until the SGA/FGR guideline is published, it is recommended that pregnancies with suspected SGA/FGR from 32 weeks’ gestation onwards are managed as per the 2014 MFM guidelines (previously applicable from 34 weeks’ gestation)”.***

***New definitions and classifications of FGR and SGA:***

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| **Antenatal Diagnosis -**  **Early-onset FGR**  **Diagnosed <32+0 weeks’ gestation** | **Antenatal Diagnosis -**  **Late-onset FGR**  **Diagnosed >32+0 weeks’ gestation** | **Antenatal Diagnosis**  **Isolated small for gestational age (SGA)** | **Postnatal Diagnosis –**  **FGR in the neonate** |
| EFW customised† or AC <3rd centile  **OR**  UA with absent or reversed end-diastolic flow  **OR**  EFW customised† or AC <10th centile PLUS one or more of the following:   1. UA Doppler PI >95th centile 2. UtA Doppler mean PI >95th centile or bilateral notching (perform only once at the time of diagnosis) | EFW customised† or AC <3rd centile  **OR**  Two or more of the following:   1. EFW customised† or AC <10th centile 2. Slowing of fetal growth:  * Decline in EFW or AC of >30 centiles from 28+0 weeks’ gestation onwards\*  1. Any of the following:  * UA Doppler PI >95th centile OR * CPR <5th centile OR * UtA mean PI >95th centile or bilateral notching (perform only once at the time of diagnosis) | EFW customised† and/or AC 3rd to <10th centile without abnormal doppler/s | Diagnose FGR in the neonate if one or more of the following criteria are met:   1. Customised birthweight <3rd centile)† 2. Customised birthweight centile from 3 to <10† with two or more additional features:  * BMI z-score <-1.3 * Length z-score <-1.3 * Skin or body fat z-score < -1.3 (where expertise and equipment allow) * Antenatal diagnosis of FGR * Major maternal risk factor/s for FGR * Evidence of placental insufficiency on histology  1. Antenatal diagnosis of FGR and evidence of placental insufficiency (e.g., abnormal Doppler studies), even if the customised birthweight centile is >10 or more. |

*AC = fetal abdominal circumference; CPR = cerebroplacental ratio; EFW = estimated fetal weight; PI = pulsatility index; UA = umbilical artery; UtA = uterine artery.   
† Customised centiles for New Zealand Aotearoa are available online (https://nzaws.growservice.org/App/Account/Login) and are incorporated into the BadgerNet platform. \*‘if there is decline in EFW or AC of >30 centiles <28 weeks’ gestation in the absence of early-onset FGR, consider another growth scan in 2-3 weeks.*

***To assist clinicians with the implementation of code 8048 the below information answers questions related to z-scores:***

***What is a z-score?***

*A z-score indicates whether a measurement (e.g., baby length) is close or further away from the average. If the z-score is a positive number, this indicates the measurement is above average. A negative number indicates that the measurement is below average.* ***A z-score of -1.3 approximates the 10th centile and a z-score of -1.9 approximates the 3rd centile.***

***How do I calculate a z-score?***

*Z-scores for baby BMI, weight, length and head circumference are simple to obtain from the online calculator provided. Measurements that are already routinely collected are entered into the form (EDD, date of birth, birthweight, length and head circumference) which then provides the z-scores. A z-score lower than -1.3 for any measurement counts as one out of the three necessary factors to diagnose FGR.*

***Where do I access a calculator?***

[*https://nepios.net/calculators/*](https://nepios.net/calculators/)

***Can anyone use the calculator to work out a z-score?***

*Yes. The measurements are already routinely taken and are simply entered into the relevant fields in the online form which makes the calculation and provides the z-score.*

*Skin/body fat measurements and z-scores are only measured where equipment and expertise allow, consultation is not contingent on this measurement being taken.*