

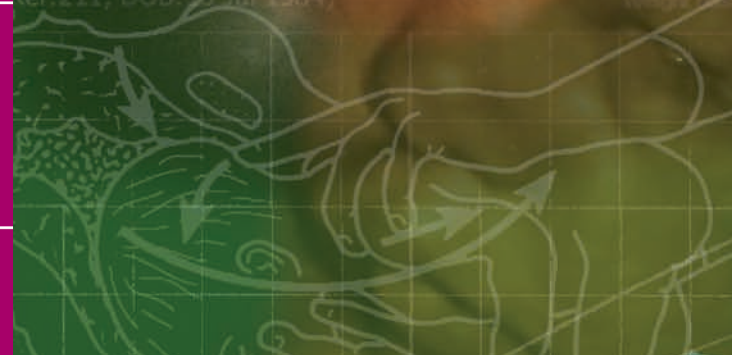
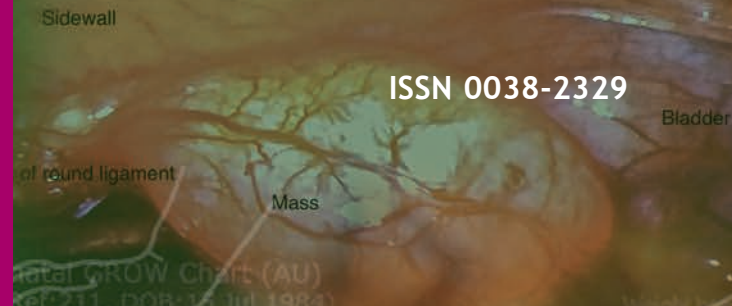
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- Is the randomised controlled trial the best?
- Venous thromboembolism in gynaecological surgery patients
- How safely can post-term pregnancies with uncertain gestational age be followed up using amniotic fluid index measurements?
- Medical management of ectopic pregnancies with methotrexate
- Are we missing at-risk babies? Customised growth charts v. standard population charts in a diabetic population



The **GROW** chart (Gestation Related Optimal Weight) is **customised** for the characteristics of each woman. The centile lines provide the reference curves (not absolute values) for the expected growth versus fundal height.

Fundal height measurements to monitor growth: Should be done every 2-3 weeks, from 20-24 weeks gestation until 36 weeks, preferably by same care provider, using the same method (e.g. Mollat's enquiry). Lead the tape down to top of symphysis pubis. Measure to end of fundus (not to cervix).

Referrals for growth scans* should be arranged if:

- the first fundal height measurement falls above 10th centile (marked on the GROW chart)
- consecutive measurements suggest NO growth (stable) OR slow growth
- SLOW growth (curve not following slope of any centile line on the GROW chart)
- EXCESSIVE growth (curve steeper than any centile line on the chart)**

Ultrasound biometry for estimated fetal weight (EFW) and amniotic fluid assessment (plus Doppler flow if there are growth problems).

* A first measurement above the 90th centile line does NOT need referral for scan, unless there are other concerns.

** A first measurement below the 10th centile line does NOT need referral for scan, unless there are other concerns.