

Talk #2 (Clinical): “An unrestricted view on intrauterine growth restriction”

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The morbidity and mortality associated with intrauterine growth restriction (IUGR) depend on the etiology and severity of this heterogeneous, multifactorial disease. Overall, perinatal mortality is increased, with a higher incidence of fetal demise, intra-partum morbidity and a greater need for abdominal delivery. After delivery, IUGR is implicated in early neonatal morbidity and mortality, as well as developmental delay and neurobehavioral dysfunction during childhood. Epidemiological studies have suggested that inadequate embryonic growth is associated with metabolic disorders during adult life, including hypertension, coronary artery disease, hyperlipidemia and insulin resistance. Because there is no treatment that halts or reverses IUGR, determining the optimal timing for delivery of a growth-restricted fetus is one of the challenging areas in modern obstetrics. The risks of intrauterine fetal injury must be weighed against the risks of prematurity. Whereas monitoring of fetal heart rate and fetal activity provides evidence for fetal well-being, the incorporation of Doppler flow analysis of multiple fetal vessels refines some of the indications for delivery. These measurements provide indirect information on vessel resistance and compliance, as well as blood flow redistribution. Direct examination of placental gene expression may provide a new tool in determining fetal risk.

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