

Early Onset Fetal Growth Restriction

Important information for patients

Contact numbers

A diagnosis of an eFGR infant is an emotionally and physically demanding time for families. Being cared for and having access to a known /dedicated team can be helpful for families. It is helpful for families to have the ability to contact their dedicated team directly:

Named Midwife

- Contact Number: _____

Named Consultant

- Contact Number: _____

This leaflet is available in audio, Braille, large print and other languages.
To request a copy, please ask your named midwife.



We understand that being told that your baby has Fetal Growth Restriction (FGR) and will be born prematurely is devastating. Living with the uncertainty of a positive birth outcome is a highly anxious time. You may feel alone and that you don't know anyone else who this has happened to. We care for many women who have pregnancies complicated by FGR, we will support you and your family and answer your questions.

FGR is sometimes also IUGR (Intrauterine Growth Restriction), both terms refer to a condition where the baby is much smaller than expected. This is because the baby's growth has slowed down and can eventually stop. Please be reassured that in most cases nothing you have done, or could have done differently, has caused this to happen.

There is a lot of information to take in at your first appointment and everything can feel very uncertain. It is normal to feel confused, scared and anxious after being told that your baby has growth restriction. We will give you more information at each appointment and together we will take your pregnancy scan by scan.

You may be faced with making a very difficult decision about how to proceed with your pregnancy, only you can decide what is best for you and your family. This can be very challenging but the team caring for you will support you, you can ask as many questions as needed.

Living with FGR will have an emotional impact on you and your family, there is no right way to feel, use the support around you including the team caring for you.

These things can help:

- Write down any questions as they come into your head – there are no silly questions and we understand that this is all new to you. You can call your named midwife if you have any questions or bring them to your next appointment.
- Some of the things we need to explain are quite complicated and we apologise if we don't always explain properly the first time we try. Please feel free to ask us to explain anything again, as many times as you need.
- We can provide a letter for your employer and your partner's employer to explain that you will need to attend the hospital frequently for additional appointments and that your baby will be born prematurely.
- If you are coming to the hospital 3 or more times a week we can help with parking or travel expenses.

Baby's movements

It is important to be aware of your baby's pattern of movements and to inform the maternity unit caring for you immediately if you notice any change in the pattern.

Other sources of information and support

It is natural that you will want to find out as much as possible about FGR and how it will affect you and your baby; however, some of the information available on the internet can be very frightening and isn't always accurate. Please ask the team caring for you if you have any questions.

Organisations that you may find helpful:

Tommy's – The Baby Charity	www.Tommys.org.uk	Helpline: 0800 0147800
Provide evidence based, expert and user-led, accessible pregnancy information to support expectant parents in understanding what they can do to support a safe and healthy pregnancy.		
ARC Antenatal Choices and Results	www.arc-uk.org	Helpline: 0845 0772290
Support for parents whose baby is diagnosed with a fetal abnormality in pregnancy		
Bliss for babies born sick or premature	www.bliss.org.uk	Helpline: 0808 010322
Family support helpline offering guidance and support for expectant parents of premature and sick babies		

Words you may hear used:

Fetal Growth Restriction (FGR): where baby is much smaller than expected due to slow growth in the womb, the baby may eventually stop growing all together.
Intrauterine Growth Restriction (IUGR): where baby is much smaller than expected due to slow growth in the womb, the baby can eventually stop growing all together.
Doppler: Doppler ultrasound measures the movement of blood in vessels. The blood flow is often measured in several places to monitor baby's wellbeing in the womb, changes in these measurements can indicate when it may be time for baby to be born, this is usually earlier than expected.
Umbilical Artery Doppler (UAD): measurement of blood flow through baby's umbilical cord
Middle Cerebral Artery Doppler (MCA): measurement of blood flow through an artery in baby's brain.
Ductus Venous (DV): blood vessel connecting the umbilical vein to the baby's heart. Can be used as an assessment of baby's wellbeing in certain circumstances
Uterine Artery Doppler: the measurement of blood flow through your uterine arteries which are the main blood vessels that supply blood to your womb (or uterus). The presence of a 'notch' in one or both uterine arteries represents an abnormal waveform and suggests that there may be a problem with the blood supply to the placenta
Liquor Volume or Amniotic Fluid Index: the measurement of the water also known as liquor or amniotic fluid surrounding your baby
Computerised CTG: An assessment of baby's heart rate over a period of time to check baby's wellbeing
Neonatal Intensive Care Unit (NICU): a specialist unit providing intensive care for sick or premature newborn babies

Regional Centre Information:
Directions/Map given <input type="checkbox"/>
Offer a letter of support for employers explaining the increased frequency of appointments and early delivery
Letter provided ____/____/____ (date)