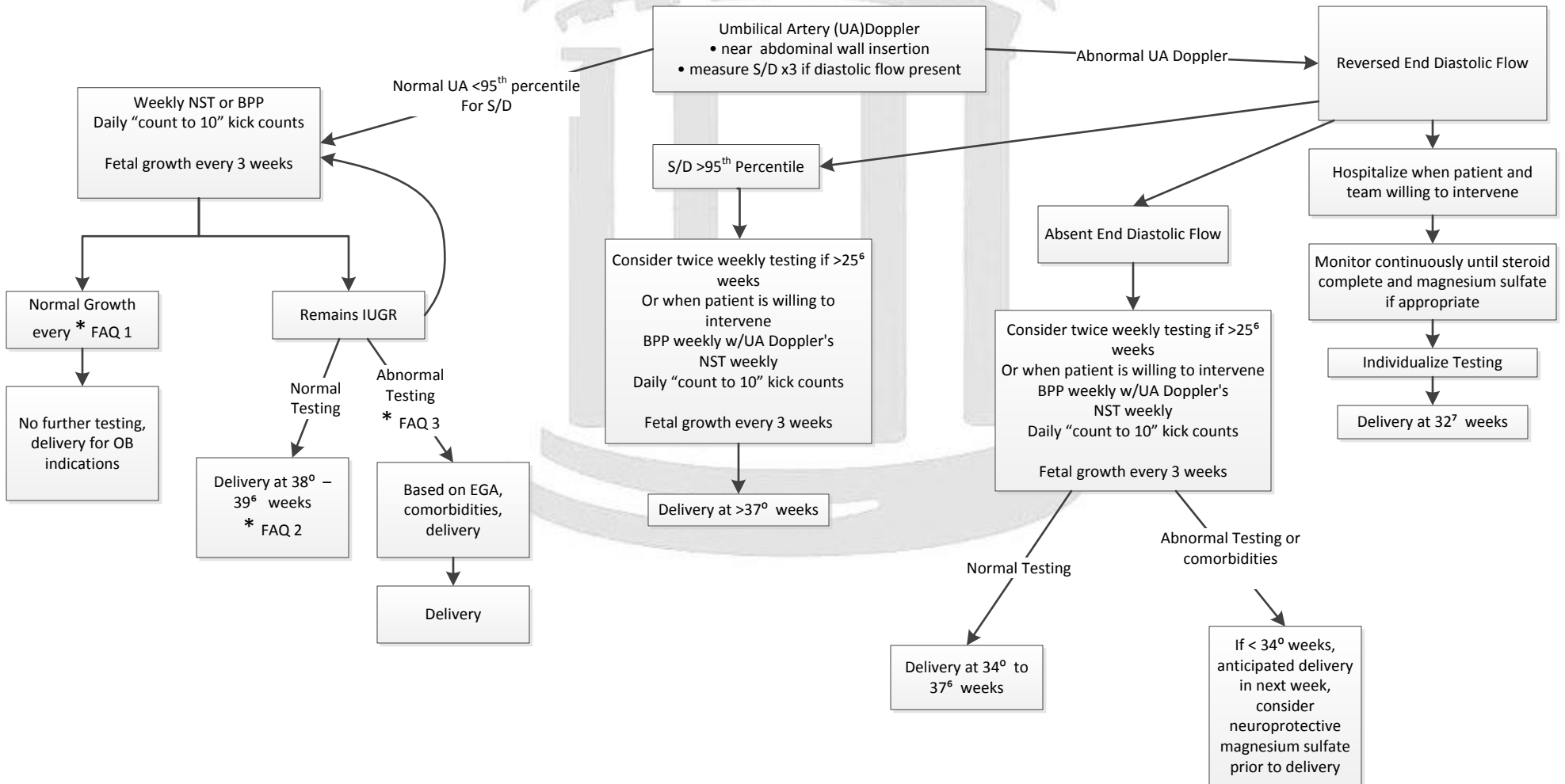


# Singleton, $\geq 24$ weeks EGA with EFW $< 10^{\text{th}}$ percentile or Isolated AC $< 10^{\text{th}}$ percentile.

- No identified fetal anomalies
- Confirm dating: review records, measure cerebellum, humerus length
- Evaluate placenta for cord insertion, abruption evidence, thickness
- Individualized approach to evaluate for genetic abnormalities including karyotype, microarray, infection, cell free DNA
- Evaluate fluid volume
- Assess for smoking history and readiness to quit
- Check blood pressure, targeted history



FAQ 1: Consider repeat EFW in 3 weeks if either EFW or AC are  $\leq 5^{\text{th}}$  percentile.

FAQ 2: Consider delivery with IUGR and normal UA Doppler, normal testing if there are significant maternal co-morbidities.

FAQ 3: Evaluate abnormal testing as usual: if NR-NMST consider BPP and if BPP  $\leq 6/8$ , consider NST.

**Revision: 2/29/2016 NC**

***These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.***

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