

Reply to Letter to the Editor

Doctor Natasha PRITCHARD^{1,2}

MBBS, MRMed

Level 2 Trainee, The Royal Australian New Zealand College of Obstetricians and Gynaecologists

Email: natasha.pritchard@trainee.ranzcog.edu.au

Address: 163 Studley Road, HEIDELBERG 3081

Phone: 03 8458 7777

Miss Prerna DIKSHA¹

BBmed

Final Year Medical Student, University of Melbourne

Email: prerna.diksha@gmail.com

Professor Michael PERMEZEL^{1,2}

FRANZCOG, MD, MBBS

Professor of Obstetrics and Gynaecology, University of Melbourne

Email: m.permezel@unimelb.edu.au

Institutional Affiliations:

¹ Faculty of Medicine, University of Melbourne, Parkville, Victoria, Australia

² Department of Obstetrics and Gynaecology, Mercy Hospital for Women, Heidelberg, Victoria, Australia

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DR. NATASHA PRITCHARD (Orcid ID : 0000-0002-7388-2193)

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Dear Editor

The correspondent has highlighted the very low rate of undelivered FGR after 40 weeks in their institution, and suggested that the routine use of obstetric ultrasound at every antenatal visit has contributed to this low rate. They have suggested that while a single fetal weight estimation may lead to incorrect data; it is less likely that repeated measurements would have the same chance of error.

While it may be a desirable objective to provide bedside ultrasound at every antenatal visit, it is not feasible in an Australian setting due to time constraints, limitations in

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ultrasound expertise, availability of ultrasound machines and cost. This makes a screening process, based on identification of risk factors for fetal growth restriction and clinical evidence of such, of great importance in order to triage those who most require ultrasonography.

Universal ultrasound may lead to a higher detection of fetal growth restriction, but it comes at the expense of a high false positive rate.¹ Prior to implementation of universal ultrasound screening, further evidence of benefit may be necessary, given the potential implications of increased obstetric intervention and maternal anxiety associated with an incorrect diagnosis of fetal growth restriction. We would encourage the correspondent to contribute further to the literature in this area.

1. Gaccioli F, Lager S, Sovio U, Charnock-Jones DS, Smith GCS. The pregnancy outcome prediction (POP) study: Investigating the relationship between serial prenatal ultrasonography, biomarkers, placental phenotype and adverse pregnancy outcomes. *Placenta*. 2017;59(Supplement 1):S17-S25.