

## Foetal growth restriction and maternal hypertensive disorders: a case series from Udine

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**Objective.** This study aimed at investigating the outcomes of foetal growth restriction (FGR) and its association with maternal hypertensive disorders.

**Materials and Methods.** We included in our analysis women with a FGR diagnosis who delivered from 2020 to 2023 at the University Hospital of Udine. Our cases were divided into early-FGR and late-FGR, according to the ISUOG guidelines published in 2020.

**Results.** Out of 139 women with FGR, 51 had an early FGR, whereas 88 had a late FGR.

Patients with early FGR received the diagnosis at 27 weeks and delivered at 35+4 weeks on average. The mean birthweight was 1,906.6 grams, 62.7% required NICU admission, and 1 newborn died. Almost half women had a caesarean delivery, mostly due to antepartum non-reassuring foetal heart rate sta-

tus and Doppler umbilical artery abnormalities (80% of cases). A total of 88 patients received a late FGR diagnosis. The mean gestational age at diagnosis was 35+1 gestational weeks, while the mean gestational age at delivery was 38 weeks. The mean birthweight was 2,470.5 grams, 19.3% required NICU admission. Most women delivered vaginally (68.1%). Almost one in three women had a caesarean delivery. Interestingly, most caesarean deliveries occurred intrapartum (31.8%).

Hypertensive disorders were retrieved in 31.4% cases with early FGR and in 15.9% cases with late FGR. This difference was not statistically significant.

**Conclusions.** This cases series analysis confirms that early-FGR is associated with worse perinatal outcomes than late-FGR. The impact of maternal hypertensive disorders on perinatal outcome is similar among the 2 groups.