Summary
&
Conclusion
SUMMARY AND CONCLUSION

The present study was carried out in the Department of Obstetrics and Gynaecology and Radiology M.L.B. Medical College, Jhansi. A total of 134 cases were studied (between 28 and 40 weeks of gestation) belonging to two groups (normal and at risk group), and were examined ultrasonographically.

Ultrasound fetal measurement is the leading method of evaluation of normal fetal growth and fetal growth retardation. The search for a more accurate parameter for detecting growth retardation continues. This study was carried out to help in establishing standards for these parameters for our part of the country and to assess their efficacy for the early diagnosis of IUGR.

The following conclusions were drawn from the present study :-

1. The maximum number of patients in both group I and II were in the age group of 21-30 years i.e. the active reproductive age group.

2. No correlation was found between maternal age parity and height and growth retardation.

3. Mothers carrying IUGR fetuses had a statistically significant lower weight than mother in the control group.
4. The incidence of IUGR was greater in patients with a lower socio-economic status.

5. 93.64% cases in the IUGR group had a weight gain of less than 250gm/week in the last trimester.

6. All cases of IUGR had a fundal height at least 3 weeks less than the period of gestation.

7. Anemia & Malnourishment was the commonest risk factor in our series and was noted in 30.00% of cases. PET was the second commonest risk factor being noted in 23.33% of cases. No obvious risk factor could be detected in 20% of cases. BOH in 6.66% cases.

8. The bi-parietal diameter, fetal femur length and abdominal circumference, FL/AC & HC/AC were correlated significantly with gestational age in both the normal as well as IUGR group.

9. The BPD growth curve showed a linear pattern with a constant weekly increase in the growth rate of BPD but the curve showed a flattening towards the latter part of gestation.

10. A significant difference was found between the mean values of BPD, AC in group I and II. The difference in mean FFL group I and II was statistically insignificant.

11. FL/AC in gr II > .235 as compared to Gr I which is significant difference.
12. HC/AC in gr II is >1 in all gestational age but in Gr I. It is <1 after 34 weeks gestation which is significant difference.

Thus it is concluded that for prediction of IUGR, measurements of bi-parietal diameter, abdominal circumference, HC/AC & FL/AC ratio and are a fairly accurate assessment of the gestational age and retardation of growth in utero is possible.