



Small for gestational age in moderate and mild preterm birth

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Objective

To determine whether there is difference in prevalence of SGA in moderate and mild preterm delivery in a two year period in the University Hospital of Split.

Methods

This retrospective study included singleton pregnancies in the period from 1/1/2015 to 31/12/2016. The following variables were investigated: maternal age (years), parity, weeks (32-336/7 and 34-366/7) and mode of delivery (vaginal and cesarean section), birth weight (grams) and 5 min Apgar score (≤ 7 , 8-10). Stillbirths, aneuploidies and pregnancies with congenital anomalies were excluded from the study. Small for gestational age (SGA) babies were calculated from the tables of birth weights for singletons which were adjusted for local specificity. Statistical analysis was performed using the Student t-test and Chi square test. The p values $< 0, 05$ were considered statistically significant.

Results

In the observed period, 357 births met the inclusion criteria. 50 were born from 32-336/7 and 307 from 34-366/7 weeks of pregnancy. There was not statistically significant difference regarding the parity between the groups ($p=0, 854$). There was a statistically significant difference in the rate of small for gestational age (SGA) neonates ($\chi^2=10, 135$; $p=0, 006$), Apgar score ($\chi^2=46, 461$; $p<0, 01$) and delivery mode ($\chi^2=12, 515$; $p<0, 001$) between the study groups.

Conclusion

In moderate, compared to mild preterm birth, there is increased prevalence of SGA. This finding highlights possible association between hostile intrauterine environment and risks for negative pregnancy outcomes, such as preterm birth and retarded fetal growth.