LOCAL POPULATION VERSUS CUSTOMIZED STANDARDS FOR IDENTIFICATION OF GROWTH DISORDERED FETUS

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Objectives
To establish the population versus customized growth standards, to determine the growth potential of each fetus and to evaluate perinatal outcome of growth disordered neonates according to population and customized growth standards.

Methods
We conducted a prospective longitudinal dynamic cohort study of 261 mother-infant pairs. Fetal growth was monitored by ultrasound every 4 weeks from 20 weeks until delivery. Multiple logistic regression permitted to determine variables with independent influence on birth weight and neonatal wellbeing according to population versus customized growth standards.

Results and Conclusion
Our growth standards were lower than European and American but coefficients of growth potential were similar to those of developed countries. Customized standards identified growth disordered babies better than population standards. Customized standards are to be preferred to international or local population based standards.