

VARIATION IN INTRA-UTERINE GROWTH

G. A. NELIGAN

(SUMMARY)

Professor Nelgian mentioned that this subject is usually in the field of the Obstetricians and since the paediatricians are those who deal with the premature baby they should know about the subject as well. He thought that in 1957 the W.H.O. made the mistake of designating babies who weight five and half pounds or less, as premature. At one time weight was directly related to gestational age. In 1961 the W.H.O. tried to correct that mistake by saying that they call such babies as low birth weight babies. He showed a slide showing a study of 30,000 cases from Newcastle-Upon-Tyne and these women were sure of their dates. He thought that one of the variables was the date of last menstrual period. The other thing was the difference in sex of the babies.

He then showed some other slides showing the perinatal mortality in relation to duration of gestation and birth weight. He thought that we should be able to categorise babies into three groups. These group are those preterm (below 37 weeks), term (37-42) and post-term more than 42 weeks. He showed several examples of babies of those categories and said that babies could be heavy, or light for the period of gestation. The obstetrician can influence the rate of growth because he can do termination of the pregnancy and produce a small baby. In the last 30 years the most single cause of neonatal death is respiratory distress syndrome which is related to the duration of gestation. The mortality rate rises steeply in preterm babies while it also rises when the baby is left long in the uterus if the conditions of nutrition are unfavourable. He concluded by saying that the mortality rises when the weight is below the 10th. percentile and such babies should be transferred to the special care baby unit.

Summarised by Dr. Farouk A/Aziz.