



## **Customised Growth Charts**

### **Recommendations for fundal height measurement**

- Non-elastic tape measure, trained midwife/doctor
- Measurement / plotting on customised chart from 26 - 28 weeks
- Follow up measurements: every 2-3 weeks, preferably by same person

### **Referrals for further investigation**

(ultrasound biometry, amniotic fluid assessment, +/- Doppler flow)

NB: community midwives should have the ability to refer directly to ultrasound dept.

- If first fundal height measurement plots below 10<sup>th</sup> centile line on the customised chart
- If, based on consecutive measurements, growth is static (flat), or there is concern about it being slow because it does not follow the slope of the curves on the chart
- If, based on consecutive measurements, there is concern about excessive growth because of the steepness of the curve.
- A first measurement above the 90<sup>th</sup> centile line does **not** need referral for scan for? LGA, unless there are other clinical concerns - e.g. polyhydramnios.

### **Follow up: if ultrasound assessment is**

- Normal: revert to serial fundal height measurement
- Abnormal: refer for urgent obstetric review

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For further information and examples, please see [www.pi.nhs.uk/growth/example.htm](http://www.pi.nhs.uk/growth/example.htm)

For ultrasound standards for fetal growth assessment, incl where fundal height measurement is not possible, see [www.pi.nhs.uk/ultrasound/standards/growth.htm](http://www.pi.nhs.uk/ultrasound/standards/growth.htm)