

## Customised (GROW) vs INTERGROWTH-21<sup>st</sup> (IG21) publications

Citation	Title	Study Population	Key Points
<a href="#">Anderson et al, AJOG 2016</a>	INTERGROWTH-21st vs customized birthweight standards for identification of perinatal mortality and morbidity.	53,484, New Zealand	IG21 had disproportionality higher SGA rates among different ethnic groups, and failed to identify many at-risk SGA infants that were identified by GROW.
<a href="#">Savirón-Cornudella et al, JPM 2017</a>	Comparison of fetal weight distribution improved by paternal height by Spanish standard versus Intergrowth 21st standard.	5,243, Spain	GROW had higher detection rate than IG21.
<a href="#">Francis et al, AJOG 2018</a>	Customized vs INTERGROWTH-21 st standards for the assessment of birthweight and stillbirth risk at term.	1.25 million, 10 countries	IG21 standard mostly reflected differences in physiological pregnancy characteristics. GROW identified a greater number of SGA that are at increased risk of stillbirth.
<a href="#">Pritchard et al, JMFNM 2018</a>	INTERGROWTH-21st compared with GROW customized centiles in the detection of adverse perinatal outcomes at term.	71,487, Victoria, Australia	IG21 was less likely to identify obese women as SGA; GROW identifies additional cases that are at increased risk of adverse outcome.
<a href="#">Odibo et al, AOGS 2018</a>	Customized fetal growth standard compared with the INTERGROWTH-21st century standard at predicting small-for-gestational-age neonates.	1,054, USA	GROW detected more SGA neonates but was less specific.
<a href="#">Webster et al, UOG 2019</a>	Impact of ethnicity on adverse perinatal outcome in women with chronic hypertension: a cohort study.	4,481, UK	GROW had significantly higher sensitivity (40 vs 16%) identifying cases of NICU admission compared to IG21, with similar specificity.
<a href="#">Prichard et al, PLOS Med 2019</a>	Identification of the optimal growth charts for use in a preterm population: An Australian state-wide retrospective cohort study.	28,968, Victoria, Australia	GROW better reflects fetal growth restriction within a pre-term population compared to Intergrowth-21.
<a href="#">Fay et al, AJOG 2019</a>	Customized GROW vs INTERGROWTH-21st birthweight standards for identifying SGA associated perinatal outcomes.	125,826, Washington, USA	GROW results in a higher number of SGA babies that are at significantly increased risk of a wide array of adverse outcomes.
<a href="#">Vieira et al, PLOS Med 2019</a>	Determination of birth-weight centile thresholds associated with adverse perinatal outcomes using population, customised, and Intergrowth charts: A Swedish population-based cohort study.	233,379, Sweden	GROW rates were consistent across centile bands while IG21 had a 3.1% SGA and 25.1% LGA rate. Chart specific thresholds are required.
<a href="#">Francis et al, BJOG 2019</a>	Stillbirth risk and SGA rate in subgroups according to maternal size: comparison of GROW, IG21, and WHO fetal growth standards.	1.25 million, 10 countries	SGA according to GROW reflects stillbirth rates, while SGA by IG21 reflects maternal size.