National University Hospital

NUH NEWS FLASH

By GP Liaison Centre (GPLC)

Issue 1/2020

Medical Spotlight

INTRAUTERINE GROWTH RESTRICTION

Intrauterine growth restriction is a condition in which the growth of the baby in the womb is abnormally slow, resulting in a smaller-than-average baby. It affects 10 –15% of pregnancies.

Some babies are small because one or both parents are small-sized. These are usually no cause for concern. Others are underweight because of genetic abnormalities or certain infections in the womb.

Many underweight babies do suffer from poor placental function. This may be related to conditions affecting the mother such as hypertension (including pre-eclampsia) or uncontrolled diabetes.

In other cases, it may be due to abnormal placental development. This results in reduced flow of blood, oxygen and nutrients to the baby. We do not fully understand why this happens and currently there is no effective therapy to prevent it from happening.

The consequences can be far-reaching. When the placenta develops abnormally, the baby has insufficient nutrients and oxygen to maintain normal growth, and weight gain slows down.

Growth restricted babies are at risk of premature delivery, having injury to the brain and other organs, and death in the womb (stillbirth), especially when the growth restriction is severe. These babies may show distress during labour, and may need delivery by emergency caesarean section. The mother can be affected too, developing pre-eclampsia or placental bleeding.

Mothers with growth restricted babies are often given aspirin, with hopes of improving blood flow from placenta to baby, though it may not always work. They will be advised to consume a high-protein diet to improve nutritional delivery to the baby, continue gentle physical activities and monitor for bleeding, high blood pressure and fetal movements. They will also be seen in the clinic at close regular intervals (e.g. every two weeks).

As a rule, obstetricians will attempt to prolong each pregnancy as much as possible to allow the baby maximum growth and maturity before birth. However, it may sometimes be necessary for the mother to deliver preterm due to unacceptable risks to her and/or the baby, including the risk of demise.

It is always a difficult decision to make as the risks associated with extreme prematurity are substantial. They include brain injury, cerebral palsy, infectious diseases and even death in very ill newborn babies. However, these risks must be weighed against that of the baby's death in utero due to an increasingly hostile environment.

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New Clinical Appointments/Promotions

We are pleased to announce the appointment of Professor James Hui Hoi Po as Head, Department of Orthopaedic Surgery, National University Hospital (NUH) and Yong Loo Lin School of Medicine, National University of Singapore (NUS Medicine), with effect from 1 January 2020.

Prof James Hui specialises in the management of orthopaedic problems in children, as well as general orthopaedics.

We would also like to share the good news about our clinicians' promotions. For the list of promotions in January 2020, please click this link to view: www.nuh.com.sg/GPLC.

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CME Events

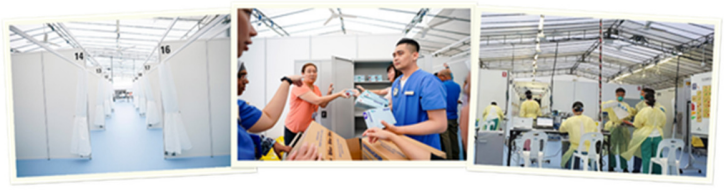
Due to the current ***COVID-19*** situation, all our events are suspended till further notice.

Happenings @ NUH

COVID-19 – WHAT WE HAVE DONE

Emergency Department Fever Facility

The fever facility extension at the Emergency Department was set up to cope with the increased patient load and fully operationalised. There is continual work to improve the environment and the processes in both the main and the expanded facility.



Isolation Ward Capacity

We have increased our isolation ward capacity. Now we have five dedicated isolation wards in Main Building and Kent Ridge Wing.

Laboratory Tests

Laboratory Medicine Department ramped up its capacity to test for COVID-19.

Visitor Registration and Contact Tracing

Thermal screening and visitor control stations were set up at major entry points to our buildings. Immediately after "Orange", many of our staff from all our different units and departments set up and got these stations going over the weekend.

Our epidemiology and contact tracing capacity and capability have been ramped up, with several departments contributing to this.

In addition to all the protocols that are in place, we are continuing to take personal responsibility in ensuring a safe environment for our patients and our colleagues.

In this evolving situation, we seek your understanding that as we change and improve our workflows, we may cause some inconvenience to you and your patients. With your unwavering support, we are confident that we can overcome this COVID-19 situation together.