

Measuring Gestational Age: Techniques and Considerations.

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Introduction

Gestational age, the age of a pregnancy, is a crucial metric in obstetrics and prenatal care. It guides healthcare providers in monitoring fetal development, assessing the progress of pregnancy, and making informed decisions regarding prenatal care and delivery. Accurate determination of gestational age is essential for appropriate management of pregnancy-related complications, timing of interventions, and predicting fetal viability. Various techniques and considerations are involved in measuring gestational age, each with its advantages, limitations, and significance in clinical practice [1].

Traditionally, gestational age is calculated based on the date of the woman's last menstrual period (LMP). This method assumes a regular 28-day menstrual cycle with ovulation occurring on day 14. The gestational age is calculated by adding 280 days (40 weeks) to the first day of the LMP. While widely used and convenient, this method may not be accurate in women with irregular menstrual cycles or who conceive shortly after discontinuing hormonal contraception [2].

Ultrasound is the gold standard for accurately measuring gestational age and assessing fetal growth. Early ultrasound, performed in the first trimester, provides the most accurate estimation of gestational age, with an error margin of around 5 days. The measurement of the crown-rump length (CRL) of the embryo is commonly used to determine gestational age before 12 weeks. Beyond the first trimester, ultrasound dating relies on fetal biometry, including measurements of the biparietal diameter, femur length, and abdominal circumference. While ultrasound dating is highly accurate, factors such as fetal position, maternal obesity, and operator skill can influence its precision [3].

Fundal height measurement involves measuring the distance from the pubic bone to the top of the uterus (fundus) to estimate gestational age. This method is typically used after 20 weeks of gestation. Fundal height corresponds roughly to the number of weeks of gestation, with each centimeter of height approximately equivalent to one week. However, fundal height measurement is less accurate than ultrasound dating and can be influenced by factors such as maternal obesity, polyhydramnios, and fetal position [4].

In addition to objective measurements, clinical assessment based on the woman's history, physical examination, and fetal movements plays a role in estimating gestational age. Factors such as the timing of fetal movements felt by the mother

(quickening) and the consistency of menstrual cycles can provide valuable information to corroborate other methods of gestational age assessment [5].

While ultrasound dating is the most accurate method for measuring gestational age, it may not always be feasible or necessary in all settings. In resource-limited settings or in cases where ultrasound is unavailable, relying on LMP and clinical assessment may be the only practical option. Balancing accuracy with accessibility is essential in determining the most appropriate method of gestational age measurement for individual patients [6].

Discrepancies between different methods of gestational age measurement are common and can lead to confusion and uncertainty in clinical practice. Clinicians should be aware of the limitations of each method and interpret results cautiously, considering the clinical context and individual patient factors [7].

Accurate gestational age determination influences clinical decision-making regarding the timing of prenatal screenings, interventions, and delivery. Inaccurate dating can lead to inappropriate timing of interventions or unnecessary medical interventions, highlighting the importance of reliable gestational age assessment in optimizing maternal and fetal outcomes [8].

Gestational age also plays a crucial role in determining fetal viability and the legal framework surrounding abortion rights. In many jurisdictions, the gestational age limit for elective abortion is based on the gestational age of the fetus, underscoring the significance of accurate gestational age determination in reproductive healthcare policy and legislation [9].

Measuring gestational age involves various techniques like Last Menstrual Period (LMP) dating, ultrasound measurements, and fundal height assessment. LMP dating relies on the first day of the woman's last menstrual period, while ultrasound provides precise measurements of fetal size and development. Fundal height measurement estimates gestational age by measuring the height of the uterus. Accuracy and accessibility are key considerations, as discrepancies between methods can impact clinical decisions and patient care. Gestational age determination is vital for monitoring fetal development, timing interventions, and ensuring optimal outcomes in obstetric practice [10].

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Conclusion

Measuring gestational age is a fundamental aspect of prenatal care, influencing clinical decision-making, patient counseling, and reproductive healthcare policy. Various techniques, including LMP, ultrasound dating, fundal height measurement, and clinical assessment, are used to estimate gestational age, each with its advantages and limitations. Clinicians must weigh the accuracy, accessibility, and clinical implications of different methods to determine the most appropriate approach for individual patients. By ensuring accurate gestational age determination, healthcare providers can optimize maternal and fetal outcomes and provide personalized care throughout pregnancy and childbirth.

References

1. Davidson SJ, Barrett HL, Price SA, et al. Probiotics for preventing gestational diabetes. *Cochrane Database Syst Rev.* 2021(4).
2. McCowan LM, Figueras F, Anderson NH. Evidence-based national guidelines for the management of suspected fetal growth restriction: comparison, consensus, and controversy. *Am J Obstet Gynecol.* 2018;218(2):855-68.
3. Lalan SP, Warady BA. Discrepancies in the normative neonatal blood pressure reference ranges. *Blood Press Monit.* 2015;20(4):171-7.
4. Foster JP, Taylor C, Spence K. Topical anaesthesia for needle-related pain in newborn infants. *Cochrane Database Syst Rev.* 2017(2).
5. Lin S, Li J, Yan X, et al. Maternal pesticide exposure and risk of preterm birth: a systematic review and meta-analysis. *Environ Int.* 2023:108043.
6. Wai KC, Keller RL, Lusk LA, et al. Characteristics of extremely low gestational age newborns undergoing tracheotomy: a secondary analysis of the trial of late surfactant randomized clinical trial. *JAMA Otolaryngol Head Neck Surg.* 2017;143(1):13-9.
7. Grivell RM, Andersen C, Dodd JM. Prenatal interventions for congenital diaphragmatic hernia for improving outcomes. *Cochrane Database Syst Rev.* 2015(11).
8. Vidavalur R. Efficacy and costs of three pharmacotherapies for patent ductus arteriosus closure in premature infants. *Paediatr Drugs.* 2022;24(2):93-102.
9. Gat R, Hadar E, Orbach-Zinger S, et al. Distribution of extreme vital signs and complete blood count values of healthy parturients: a retrospective database analysis and review of the literature. *Anesth Analg.* 2019;129(6):1595-606.
10. Kassab M, Foster JP, Foureur M, et al. Sweet-tasting solutions for needle-related procedural pain in infants one month to one year of age. *Cochrane Database Syst Rev.* 2012(12).