

Editorial

Term Pregnancy Evaluation of Fetal Weight: The Essential Role of Obstetric Ultrasound

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Obstetric ultrasound at term pregnancy, defined as the period between 37 and 42 weeks of gestation, plays a crucial role in assessing fetal well-being and guiding clinical decisions. As pregnancy reaches its final stage, an ultrasound provides real-time visualization of fetal activity and the intrauterine environment. These assessments contribute significantly to the prediction and management of potential perinatal complications [1–3].

The primary objectives of performing an ultrasound at term include the assessment of amniotic fluid volume, where conditions like oligohydramnios or polyhydramnios may indicate underlying pathologies or complications requiring intervention [4]. Placental assessment is crucial for determining its location, maturation status, and potential abnormalities such as placental insufficiency [1]. Furthermore, fetal positioning and presentation, including breech or transverse lie, can influence delivery planning and the need for external cephalic version or cesarean delivery [5]. Another key component of the term ultrasound is umbilical artery Doppler flow assessment, which evaluates the flow velocity waveforms in the fetal umbilical artery. Increased resistance in the umbilical artery Doppler flow is associated with higher risks of perinatal mortality [6]. The examination should also include the evaluation of fetal growth and estimated fetal weight (EFW), identifying small for gestational age (SGA) or macrosomic fetuses, which are associated with various obstetric risks [7]. To date, no international guidelines recommend the routine use of ultrasound at term for assessing fetal weight, for the accuracy of EFW is compromised by large intra and interobserver variability. Errors in the range of 10%–15% are common, and tend to be even greater in fetuses of greatest clinical concern, such as those who are small or large for gestational age. These limitations help explain why routine term ultrasound for fetal weight estimation is not currently recommended. Nevertheless, accumulating evidence suggests that fetal weight estimation in the late third trimester may be valuable for identifying and stratifying obstetric risks for labor and delivery [8].

Data obtained from term ultrasounds have a significant impact on clinical decision-making, particularly in the

context of labor induction in cases of suspected growth restriction or oligohydramnios [9]. The mode of delivery planning is influenced by findings such as macrosomia or malpresentation [10], and enhanced monitoring is recommended when abnormalities are detected, prompting closer surveillance and possibly earlier intervention [11].

In conclusion, obstetric ultrasound at term represents a cornerstone in the assessment of fetal weight, offering real-time insights that guide obstetric management and decision-making, making it an invaluable tool for optimizing perinatal outcomes. Integrating this practice into routine term assessment not only enhances fetal monitoring and labor management, but also supports evidence-based clinical decisions aimed at reducing perinatal risks.

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LI contributed to the conception of the editorial and drafting of the manuscript. GGI contributed to the conception and critically revised the editorial for important intellectual content. FAG contributed to the literature review, conceptual discussion, and drafting of the manuscript. All authors contributed to editorial changes in the manuscript. All authors read and approved the final manuscript. All authors have participated sufficiently in the work and agreed to be accountable for all aspects of the work.

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Conflict of Interest

The authors declare no conflict of interest. Ferdinando Antonio Gulino is serving as one of the Editorial Board members of this journal. We declare that Ferdinando Antonio Gulino had no involvement in the peer review of this



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