

Supplementary File 3 – Diagnostic Accuracy

S3.1 Fetal growth restriction (FGR) as a predictor of small-for-gestational age (SGA)

We defined FGR using the Society for Maternal-Fetal Medicine (SMFM) definition, that is, either estimated fetal weight (EFW) or fetal abdominal circumference (AC) <10th percentile. For EFW, the 10th percentile was taken as 1.282 standard deviations (SD) below the mean, calculated from formulas Hadlock et al [1991]. The 10th percentile for AC was obtained from World Health Organization fetal growth charts, Kiserud et al [2014], Table 8, interpolated for exact gestational age. Small-for-gestational age was defined as birth weight (BW) <10th percentile based on USA reference, Duryea et al [2014], Table 3.

Test performance characteristics of using FGR to predict SGA are summarized in Table S3.1. Sensitivity was low (51%) when considering the last exam before birth in all 890 patients, but substantially higher (84%) when considering only exams performed <7 days before birth. Specificity was 92% and 83%, respectively. The high area under the receiver operating characteristic curve (ROC) indicates a strong association between EFW z-score and SGA.

Table S3.1 Performance of sonographic fetal growth restriction as a predictor of small-for-gestational age.

| | Last Exam Before Birth (N = 890) | Exams ≤7 days Before Birth (N = 175) |
|----------------------------------------|----------------------------------------|--------------------------------------------|
| Incidence of FGR, n (%) | 122/890 (13.7%) | 47/175 (26.9%) |
| Incidence of SGA, n (%) | 114/890 (12.8%) | 25/175 (14.3%) |
| True positives, n (%) | 58/122 (48%) | 21/47 (45%) |
| False positives, n (%) | 64/122 (52%) | 26/47 (55%) |
| True negatives, n (%) | 712/768 (92.7%) | 124/128 (97%) |
| False negatives, n (%) | 56/768 (7.3%) | 4/128 (3%) |
| Sensitivity, % (95% CI) | 51% (48-54%) | 84% (79-89%) |
| Specificity, % (95% CI) | 92% (90-94%) | 83% (77-88%) |
| Positive predictive value, % (95% CI) | 48% (44-51%) | 45% (37-52%) |
| Negative predictive values, % (95% CI) | 93% (91-94%) | 78% (94-99%) |
| Positive likelihood ratio | 16.7 | 4.8 |
| Negative likelihood ratio | 0.54 | 0.19 |
| Odds ratio (95%CI) | 11.5 (7.4-18.0) | 25.0 (7.9-79.0) |
| Area under ROC curve | 0.88 | 0.93 |

SGA - Small for gestational age defined as birth weight <10th percentile using sex-specific United States reference tables [Duryea 2014].

FGR - Fetal growth restriction defined as estimated fetal weight (EFW) or fetal abdominal circumference (AC) <10th percentile [SMFM]

EFW percentiles calculated from formulas in Hadlock [1991].

AC 10th percentile from Table 8 of World Health Organization Fetal Growth Charts [Kiserud 2017]

ROC is receiver operating characteristic curve relating EFW percentile to SGA.

3.2 EFW >90th percentile as a predictor of large-for-gestational age (LGA)

EFW >90th percentile was defined as >1.282 SD above mean, calculated from formulas in Hadlock et al [1991]. LGA was defined as birth weight (BW) >90th percentile based on USA reference, Duryea et al [2014], Table 3.

Test performance characteristics of using EFW>90th percentile to predict LGA are summarized in Table S3.2. Sensitivity was low (<50%) when considering either the last exam before birth or exam within 7 days before birth. Specificity was ≥95% in either case. The high area under the receiver operating characteristic curve (ROC) indicates a strong association between EFW z-score and LGA.

Table S3.2 Performance of EFW >90th percentile as a predictor of large-for-gestational age.

| | Last Exam Before Birth (N = 890) | Exams ≤7 days Before Birth (N = 175) |
|------------------------------------------------------|----------------------------------------|--------------------------------------------|
| Incidence of EFW >90 th percentile, n (%) | 49/890 (5.5%) | 12/175 (6/9%) |
| Incidence of LGA, n (%) | 50/890 (5.6%) | 9/175 (5.1%) |
| True positives, n (%) | 21/49 (43%) | 4/12 (33%) |
| False positives, n (%) | 28/49 (57%) | 8/12 (67%) |
| True negatives, n (%) | 812/841 (96.6%) | 158/163 (96.3%) |
| False negatives, n (%) | 29/841 (3.4%) | 5/163 (3.7%) |
| Sensitivity, % (95% CI) | 42% (39-45%) | 44% (37-52%) |
| Specificity, % (95% CI) | 97% (95-98%) | 95% (92-98%) |
| Positive predictive value, % (95% CI) | 43% (40-46%) | 33% (26-40%) |
| Negative predictive values, % (95% CI) | 97% (95-98%) | 97% (94-99%) |
| Positive likelihood ratio | 12.6 | 9.2 |
| Negative likelihood ratio | 0.60 | 0.58 |
| Odds Ratio (95% CI) | 21.0 (10.7-41.3) | 9.9 (2.4-39.8) |
| Area under ROC curve | 0.91 | 0.95 |

LGA - Large for gestational age defined as birth weight >10th percentile using sex-specific United States reference tables [Duryea 2014].
Estimated fetal weight (EFW) percentiles calculated from formulas in Hadlock et al [1991].
ROC is receiver operating characteristic curve relating EFW percentile to LGA.

References Cited

Duryea EL, Hawkins JS, McIntire DD, Casey BM, Leveno KJ. A revised birth weight reference for the United States. *Obstet Gynecol* 2014; 124:16-22.

Hadlock FP, Harrist RB, Martinez-Poyer J. In utero analysis of fetal growth: a sonographic weight standard. *Radiol* 1991; 181:129-133.

Kiserud T, Piaggio G, Carroli G, Widmer M, Carvalho J, Jensen LN, Giordano D, Cecatti JG, Aleem HA, Talegawkar SA, et al. The World Health Organization Fetal Growth Charts: a multinational study of ultrasound biometric measurements and estimated fetal weight. *PLoS Med* 2017; 14:e1002220.

Society for Maternal-Fetal Medicine, Martins JG, Biggio JR, Abuhamad A. Society for Maternal-Fetal Medicine Consult Series #52: diagnosis and management of fetal growth restriction. *Am J Obstet Gynecol* 2020; 223(4): B2-B17.