

To: • Trust Medical Directors and Chief Nurses, Clinical Directors for Maternity Services, Directors/Heads of Midwifery

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

cc. • Regional Chief Nurses and medical directors, Regional Obstetricians and Regional Chief Midwives, ICB Medical Directors and Chief Nurses

10 December 2025

Dear

Intergrowth estimated fetal weight charts

NHS England and the Royal College of Obstetricians and Gynaecologists (RCOG) have become aware that there is a potential safety concern regarding the use of Intergrowth estimated fetal weight (EFW) charts in maternity services that requires immediate action.

Analysis indicates that Intergrowth EFW charts can lead to a lower screen positive rate of small for gestational age (SGA) fetuses (<10th centile). This means that some fetuses that otherwise would have undergone enhanced surveillance have not.

In response, the following steps are required:

For trusts that use or are about to implement Intergrowth EFW charts

- Trusts that are considering a move to Intergrowth EFW charts but have not yet commenced implementation should **pause and maintain their current practice**.
- Trusts that currently use any Intergrowth (2020 or 2017 versions) EFW charts should **stop** and move to using any of the following fetal growth (EFW) charts, which are supported by RCOG guidance:
 - Hadlock formula
 - World Health Organization (WHO)
 - Fetal Medicine Foundation (FMF)

- Perinatal Institute GROW

While this change needs to occur as quickly as possible, we recognise that the implementation of alternative charts may take time due to the need to safely manage changes to electronic patient records (EPRs). During this crossover period, one of the following mitigations should be deployed.

- Estimates of fetal weight from ultrasounds already undertaken are plotted on the new chart and a medical review of the woman's current care pathway undertaken to determine whether any changes need to be made.

OR

- Any EFW which is below the 25th percentile on an Intergrowth chart should be manually checked against the [publicly available WHO thresholds](#). Babies that are below the 10th or 3rd percentile by the WHO chart should be managed as per the guideline's recommendations, irrespective of the IG21 estimated percentile.

The change from Intergrowth EFW charts must be completed by 31 March 2026.

Note: this action only applies to Intergrowth EFW charts. Symphysio-fundal height (SFH) charts can continue to be used. RCOG will update its guidance in line with this advice.

For all trusts

Maternity providers should ensure that they continue to monitor the detection and management of fetuses considered to be both <10th and <3rd centile for estimated weight, in line with [Saving Babies Lives Care Bundle \(SBLCB\) v3.2](#) to ensure that the screening pathway is being implemented safely.

Maternity providers should also be aware that some EFW charts (for example, Hadlock and WHO) end at 40 weeks gestation, meaning that the diagnosis and management of fetal growth disorders beyond this gestation needs to be considered on a case-by-case basis.

Thank you for your prompt attention to this important safety matter. We recognise the effort required to implement these changes and appreciate your commitment to ensuring the best possible outcomes for women, babies and families. Suggested Q and As for conversations with women and families, is attached with this letter.

Yours sincerely,



Donald Peebles

National Clinical Director, Maternity
NHS England