## Correspondence

## **INTERGROWTH-21st** very preterm size at birth reference charts

In 2014, the INTERGROWTH-21st Consortium published international standards for newborn baby size, based on neonates with no major complications or ultrasound evidence of fetal growth restriction (FGR), who were born to healthy mothers without FGR risk factors.1 Despite our large

Α

5000

4000

3000

2000

1000

В

58

54

50

46 -

42

38

34

C

44

40

36 -

32

28

Birth length (cm)

Head circumference at birth (cm)

Birthweight (g)

sample size, very few neonates born at 33 weeks' gestation or earlier met these prescriptive inclusion criteria. While implementing these standards, we have received many requests for very preterm, size at birth charts for clinical practice and research.

Unsurprisingly, at these low gestational ages, most pregnancies have some risk factors, and prescriptive standards are difficult to construct. Therefore, we opted to generate very preterm reference charts

Boys

26 28 30 32 34 36 38 40 42 44

Gestational age (weeks)

to avoid previous methodological shortcomings.<sup>2</sup> We supplemented the original sample by including neonates from the same INTERGROWTH-21st population who, despite being born to mothers with some FGR risk factors (except smoking and severe obesity), did not have congenital malformations or ultrasound evidence of FGR before birth. We used the same statistical methods as for the Newborn Size Standards.1 All other methods and ethics approvals have been described previously.3,4

408 neonates (214 boys, 194 girls) were included in the reference study population, after excluding 216 newborn babies because of maternal smoking, severe maternal obesity or morbidity, congenital malformations, or ultrasound evidence of FGR, and 37 because of implausible anthropometric measurements or gestational age estimates. As expected, perinatal events (eg, higher pre-eclampsia, caesarean section, and neonatal mortality rates) for these very preterm babies differed from the Newborn Size Standards (appendix).1

The third, 10th, 50th, 90th, and 97th smoothed centile curves for weight, length, and head circumference at birth according to gestational age and sex, superimposed on the individual data, are shown in the appendix (actual centile values and corresponding equations are provided in the appendix and at the INTERGROWTH-21st website). Values for birthweight and head circumference at 33 weeks' gestation overlapped perfectly with the original Newborn Size Standards;1 values for length were complementary at the median level, but less so at the extreme centiles because of the differently shaped curves in early and late pregnancy (figure).

We present very preterm reference charts for newborn baby size at birth using the same underlying population, methods, instruments, standardisation protocols, and statistical analyses as for the Newborn Size Standards,1 which



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See Online for appendix

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Figure: Centile curves for weight, length, and head circumference at birth The 3rd, 50th and 97th centile curves for birthweight (A), birth length (B), and head circumference at birth (C) according to gestational age for newborns less than 33 weeks' gestation (solid lines) followed by the INTERGROWTH-21st Newborn Size Standards<sup>1</sup> (dashed lines).

30 32 34 36 38 40 42 44

Gestational age (weeks)

Submissions should be made via our electronic submission system at http://ees.elsevier.com/ they complement well. They provide neonatologists with a single way to assess and screen newborn babies from 24 to 42 weeks' gestation. The head circumference charts are particularly important in view of the urgent need, in the midst of the Zika virus outbreak, to assess the head size of newborn babies with a set of standardised, gestational-age specific charts, to avoid over-reporting of cases of microcephaly across all affected regions.<sup>5</sup>

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- Villar J, Cheikh Ismail L, Victora CG, et al. International standards for newborn weight, length, and head circumference by gestational age and sex: the Newborn Cross-Sectional Study of the INTERGROWTH-21st Project. Lancet 2014; 384: 857–68.
- Giuliani F, Spada E, Ohuma E, et al. Systematic review of the methodological quality of studies designed to create neonatal anthropometric charts. Acta Paediatr 2015; 104: 987–96.
- 3 Villar J, Altman DG, Purwar M, et al. The objectives, design and implementation of the INTERGROWTH-21\* Project. BJOG 2013; 120 (suppl 2): 9-26.
- 4 Villar J, Papageorghiou AT, Pang R, et al. The likeness of fetal growth and newborn size across non-isolated populations in the INTERGROWTH-21<sup>st</sup> Project: the Fetal Growth Longitudinal Study and Newborn Cross-Sectional Study. Lancet Diabetes Endocrinol 2014; 2: 781–92.
- Victora CG, Schuler-Faccini L, Matijasevich A, Ribeiro E, Pessoa A, Barros FC. Microcephaly in Brazil: how to interpret reported numbers? Lancet 2016; published online Feb 6. http://dx.doi.org/10.1016/S0140-6736(16)00273-7.