PARIPEX - INDIAN JOURNAL OF F	RESEARCH   Volume - 13   Issue - 12	December - 2024   PR	INT ISSN No	o. 2250 - 1991	<b>DOI</b> :10.3	6106/paripe	
Journal or P. OR	RIGINAL RESEARCH PAPER			Obstetrics & Gynaecology			
FOR	AL WEIGHT ESTIMATION MULAE, ANTENATAL US TH WEIGHT -A COMPARA	G AND ACTUA		EY WOR	DS:		
Dr B. Bhavani	lst Year Post Graduate . Department Of Obstetrics And Gynaecology, Kurnoo Medical College, Kurnool						
Dr. A. Srilakshmi	Professor And HOD, Depa Medical College, Kurnool	artment Of Obs	tetrics A	nd Gynae	cology,	Kurnool	
<ul> <li>obstetrician to assess the outcome.(1)</li> <li>Contrary to the widely here shown that USG estimated to clinical palpation in pression of the shown that USG estimated to clinical palpation in pression.</li> <li>The goal of study is to: <ol> <li>Evaluate the various meth term pregnancy</li> <li>To determine the relative at in different weight categor</li> </ol> </li> <li>Extremes of birth weight are an newborn complications during.</li> <li>Estimation of fetal weight management of labour, care period.</li> <li>Macrosomic babies have dystocia , brachial plexus in injuries, post partum hemorth.</li> </ul>	ods of estimating fetal weight in accuracy in predicting the same ries ssociated with increased risk of glabour and puerperium. would help in the successful of New born in the neonatal complications like shoulder jury, facial palsies, birth canal age, Difficult labour. sing FGR, there by reducing	estimation. Multiple preg Mal presentat Anomalous fe Intrauterine d Medical disor Pre existing c Oligohydram Known cases o Extremes of a <b>1. Johnson's for</b> Fetal weight: presenting pa <b>2. USG - Hadloc</b> 1.4787+0.0 0.03343(AC*1 BPD,FL,AC ar above formula <b>RESULT</b> A total of 500 ante for estimation of f these are compar	ion tus leath ders onditions li nios, polyhy of FGR ge <18yrs a <b>rmula :</b> Symphysic art is not end Symphysic art is not end Symphysic art is engage <b>eks formul</b> 0 18372 (B EL) e measured a estimated natal wome etal weight	ydramnios und >30 yrs o ofundal heig gaged ofundal heig ed (6,7) <b>a:</b> .PD)+0.04 d using Ultra l fetal weight en in term ge using Johnso	fage ht -12)x15 ht -11)x15 58 (AC)0 iscund and iscalcula station are on's formu	5 when the 5 when the .158(FL)- d using the ted.(2) e subjected	
Objectives		in our study.		Johnson's	USG	Actual	
-	ght using clinical methods like	Minimum weight	(in ams)	2790g	2000g	1800g	
Johnson's formula		Maximum weight (in gms)		3954g	3900g	4000g	
			( ))				
To assess estimated fetal weig	ht using antenatal USG scan	USG					
<b>T</b> a annual an annual an af ant	investe d. fastal analisht has UCC	WEIGHTS (gms)			-	STIMATED	
Johnson's formula with actual k	imated fetal weight by USG,	= 100gms</td <td>12%(n=62</td> <td></td> <td>23%(n=</td> <td></td>	12%(n=62		23%(n=		
Joinison's formula with actual t	Ji til welgitt	101-500gms	21%(n=10		26%(n=		
MATERIAL AND METHODS		501 - 1000gms	4%(n=17)	117) 11%(n=54)		54)	
Study Design - Prospective observational study.		> 1000gms					
Study Area Department of o	bstetrics and gynecology GGH,	Equal -3%(n=15)					
Kurnool			_				
Study Period - April2024 - Sep	otember 2024	Johnson's Form					
	ant women attending OBG	WEIGHTS	UNDER ES	TIMATED	OVER ES	TIMATED	
department ,GGH kurnool		= 100gms</td <td>6%(n=30)</td> <td></td> <td>9%(n=46</td> <td>5)</td>	6%(n=30)		9%(n=46	5)	
Sample Size 500 cases		101-500qms	5%(n=24)		51%(n=2	255)	
		501-1000gms	. /		26%(n=1	· ·	
Inclusion Criteria	is opticipated within 1	>1000gms			2%(n=10	,	
<ul><li>fetal weight estimation are</li><li>Singleton pregnancy</li></ul>	menudea	<ul><li>Equal-1%(n=5)</li><li>Mean actual b</li></ul>	irth woight	-2836 500~~	ng		
<ul> <li>Live fetus</li> </ul>		<ul> <li>Mean USC bir</li> </ul>					
Cephalic presentation		<ul> <li>Mean Johnson</li> </ul>					
	eriod or ultrasound scan with	<ul> <li>Mean differen</li> </ul>				veight and:	
confirmed expected date of		400.02gms Ac					
Gestational age between 3		<ul> <li>Mean differ</li> </ul>			birth w	eight and	
Normal BMI (19kg/m2 24		·85 83ams A a				-	

Normal BMI(18kg/m2-24.5kg/m2)

# **Exclusion Criteria**

 Patients who didn't deliver within 1week of fetal weight www.worldwidejournals.com

:85.83gms Actual birth weight

Assessment of co-relation between Actual birth weight , USG estimated fetal weight and Johnson's formula .

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CLASS	ACTUAL	ANTENATAL	Johnson's
		USG	formula
1(1500g-2500g)	140	99	34
2(2501g-3500g)	345	332	338
3(>_3500g)	15	96	128
Total	500	500	500

The above study given a P value of 0.02, which shows USG estimated fetal weight has good correlation with actual birth weight.

The above study given a P value of 0.04 which shows estimated fetal weight by Johnson's formula has good correlation with actual birth weight.

### DISCUSSION

- In our study total 500 antenatal mothers are subjected to fetal weight measurement using Ultrasound scanhadlocks formula, clinical-Johnsons formula
- Soon after birth the weight of the baby is measured and is compared with USG estimated fetal birth weight and estimated weight by Johnson's formula.
- In our study it was found that in USC estimated fetal weight :35% are within range of +\_100gms of actual birth weight.
   85% are within the range of +\_500gms of actual birth weight Out of which 49% were over estimated, 33% were under estimated, 3% were equal to the actual birth weight
- Mean difference between USG estimated fetal weight and actual birth weight is 85.83gms
- Similar results are shown by a study done by Fathima S ,Dr A Lakshmi aparna et all publication in 2022.
- It was found that estimated fetal weight by Johnson's formula: 88% overestimated the actual birth weight. out of which 9% are within 100gms, 60% are within 500gms. A total of 86% overestimated are within 1000gms.
- Johnson's formula under estimates the actual birth weight by 11% are with in 500gms..
- In our study both methods over estimates the fetal weight when fetal weight is less than 2100gms and underestimates the fetal weight when it is more than 3.7kgs
- Amongt the two methods, USG is found to be more accurate in estimating fetal weight ,were 85% are with in the range of +500 gms.
- Johnson's formula can also be used as a tool for assessing fetal weight in low set up areas were 71% are with in range of +\_500gms helps in assessing fetal outcome.
- Accuracy is compared with actual birth using P value, corelation of estimated fetal weight by Johnson's formula with actual birth weight had p value 0.04 which is statisticaly significant.
- Co relation of estimated fetal weight by USG with actual birth weight resulted a p value 0.02 which indicates it is more statistically accurate than Johnson's formula estimated fetal similar results are given by Chisolum Ogechukwu Okafor et all in South East Nigeria(5)Radikha M (2)
- However there is less significant difference between both the methods in estimating fetal weight.
- Similar study conducted by Radhika M ,Int J Reprod contracept obstet Gynecol comparative study of clinical assessment of fetal weight using Johnson's formula and USG with actual birth weight at nera term.shows similar results.2

## CONCLUSION

- Our findings imply that clinical assessment of fetal weight using Johnson's formula can be used as diagnostic tool for the estimation of fetal weight in a term pregnancy and fetal outcome in low resource set areas.
- Except in low birth weight newborns ,clinical assessment is as accurate as USG.
- As a result a clinical assessment indicating weight less than 2.5kg ,an USG is recommended for more accurate

- prediction and to assess fetal well being.
  This study found clinical assessment helps in managing labour and delivery in a term pregnancy, in developing countries like India.
- Recommendations, that all health care workers are taught how to estimate fetal weight as a normal screening protocol for all pregnant women at term.

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