

### 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) <10<sup>th</sup> percentile [3]. For EFW, the 10<sup>th</sup> percentile was taken as 1.282 standard deviations (SD) below the mean, calculated from formulas Hadlock et al [36]. The 10<sup>th</sup> percentile for AC was obtained from World Health Organization fetal growth charts, Kiserud et al [18], Table 8, interpolated for exact gestational age. Small-for-gestational age was defined as birth weight (BW) <10<sup>th</sup> percentile based on USA reference, Duryea et al [37], 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<br>Before Birth<br>(N = 890) | Exams ≤7 days<br>Before Birth<br>(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 <10<sup>th</sup> percentile using sex-specific United States reference tables [37].

FGR - Fetal growth restriction defined as estimated fetal weight (EFW) or fetal abdominal circumference (AC) <10<sup>th</sup> percentile [SMFM]  
EFW percentiles calculated from formulas in Hadlock et al [36].

AC 10<sup>th</sup> percentile from Table 8 of World Health Organization Fetal Growth Charts [18]

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

### **3.2 EFW >90<sup>th</sup> percentile as a predictor of large-for-gestational age (LGA)**

EFW >90<sup>th</sup> percentile was defined as >1.282 SD above mean, calculated from formulas in Hadlock et al [1991]. LGA was defined as birth weight (BW) >90<sup>th</sup> percentile based on USA reference, Duryea et al [37], Table 3.

Test performance characteristics of using EFW>90<sup>th</sup> 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 >90<sup>th</sup> percentile as a predictor of large-for-gestational age.

|  | Last Exam<br>Before Birth<br>(N = 890) | Exams ≤7 days<br>Before Birth<br>(N = 175) |
|--|--|--|
| Incidence of EFW >90 <sup>th</sup> 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 >10<sup>th</sup> percentile using sex-specific United States reference tables [37].

Estimated fetal weight (EFW) percentiles calculated from formulas in Hadlock et al [36].

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

**References Cited**

**Numbers refer to main text.**

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18. 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.
36. Hadlock FP, Harrist RB, Martinez-Poyer J. In utero analysis of fetal growth: a sonographic weight standard. *Radiol* 1991; 181:129-133.
37. 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.