

Abstract:

Intrauterine growth retardation represents the great risk for proper development of the fetus. An early diagnosis which is determined by several ultrasound bioometrics of the fetus in relation to gestational age is very important. It is also important to distinguish the terms IUGR and SGA. The term SGA denotes the fetus whose weight is below the reference limit in relation to gestational age. This limit is usually less than 10th percentile. The term IUGR indicates the pathological process that affects the growth and development of the fetus. A number of factors are known to lead to intrauterine growth retardation by the mother and the fetus. In theoretical part I will focus on definition, classification, etiology, prevalence, right diagnosis and therapy. Shortly I will mention the management of the IUGR fetus childbirth. In practical part I will present a case history of a woman with the severe intrauterine growth retardation of the fetus who was admitted to a high-risk pregnancy ward. The pregnancy was terminated by a cesarean section for pathological flow. Part of the practical part is also the elaboration of a nursing plan based on the nursing plan according to Gordon.

Keywords: nursing process, midwife, intrauterine growth restriction of the fetus, fetal hypoxia, placental insufficiency