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Major Field:

Intrauterine growth restriction (IUGR) is a major contributor to perinatal mortality and morbidity worldwide. Prophylaxis with aspirin during the first or second trimesters and/or combined with heparin before conception, may reduce the incidence of IUGR in high risk groups. Despite improvement in the understanding of the pathophysiology, abilities in the first trimester to precisely predict pregnant women who will develop IUGR are limited. While different measures of placental dysfunction are associated with increased risk for adverse pregnancy outcomes, the abilities of various markers to accurately predict IUGR have been studied, such as biochemical serum markers, ultrasound and Doppler study of uterine and spiral arteries, and placental volume and vascularization. Risk factors for IUGR are easy to assess but have poor predictive value. The use of first trimester biochemical markers in combination with ultrasound markers is promising as a potential screening tool. Modern assessments suggest combined algorithms using these strategies, all with the goal of a better prediction of IUGR.

Education:

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