INTRODUCTION

Intrauterine fetal growth retardation (IUGR), is a major cause of perinatal mortality and long term neurological and intellectual deficiencies. A significant correlation between maternal hypoglycaemia, observed during oral glucose tolerance test, and the birth of small for gestational age infants has been observed by Abell (1976), Abell et al. (1976), Abell and Beischer (1976a,b), Beischer et al. (1977), Sabata (1979), and Khauzami et al. (1981).

On the other hand, Sokol et al. (1982), postulated that the lower glucose values observed during oral glucose tolerance test could have been the result of maternal gastrointestinal factors, rather than due to any alteration in maternal glucose metabolism. Therefore, they suggested to use the intravenous GTT (IV.GTT) to assess maternal glucose homeostasis. Their aim was to examine the hypothesis that evidence of decreased availability of glucose for fetal growth proceeds the birth of small for gestational age infants; hence the IV.GTT might be useful for the detection of pregnancies complicated by IUGR.