SAVE FGR NEWSLETTER

TEAM

Meet Ruth & Brigitte



Ruth Hiltermann-Tilanus

Since 2009, I have worked as a research nurse at UMCG, in several departments including Pulmonology and Geriatric Medicine. After a few years at the Junior Scientific Masterclass at the Faculty of Medicine, I wanted to return to the hospital. Since 2019, I have worked in Obstetrics and Gynaecology on studies including CEPRA, ToF, H2Olie2, LUMO, Foil and DELIVR. This summer, I took on additional SAVE FGR responsibilities. I hope to improve completion of the follow-up questionnaires. It makes me happy when we reach our target number of participants and all data are entered into CASTOR. Research is teamwork!



Brigitte Post

I recently joined the SAVE FGR team as an administrative assistant. I'm excited to contribute to this important research from a different perspective. As a mother who has experienced HELLP syndrome, I know firsthand how important advances in care are for both mothers and babies. This personal experience makes it especially meaningful for me to support the SAVE FGR study and contribute, in my own way, to improving care for families.

RESEARCH UPDATE

Victoria Chacon Quintero



Hello, I am Victoria Chacon and I am a second year PhD student part of the SAVE FGR study. My research project focus on finding possible non-invasive biomarkers in maternal blood that can help us to identify and stratify the risk of developing FGR during pregnancy.

In my project we focus mainly in two types of molecular biomarkers microRNAs and cell free fetal DNA in maternal blood from pregnancies affected by FGR. These type of biomarkers have a potential value in helping us to stratify FGR risk and progression but also to identify when placental dysfunction is occurring.

Right now, I am working on the profiling of microRNA expression levels in cases of SGA compared to cases of FGR to identify possible microRNAs that can help us differentiate both conditions using Next Generation Sequencing. I am happy to be part of this important study and to contribute to it with my laboratory work.

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PRINCIPAL INVESTIGATORS AND RESEARCH NURSES | EVALUATION

Meeting of the Dutch participating centres – 22 September 2026

Recently, a national meeting was held with representatives from almost all participating centers in the Netherlands. During the meeting, we discussed the progress of the SAVE-FGR study and exchanged experiences across the different centers.

An important topic was the use of the Nemo Fetal Monitoring System (NFMS). Experiences with issues such as skin irritation and signal loss were discussed, and centers shared practical tips on how to manage these challenges. For example, in case of skin irritation, the duration of NFMS use can be reduced where possible. In case of signal loss, when direct fetal monitoring is required, conventional Doppler CTG monitoring can temporarily be used alongside the NFMS.

There was also extensive discussion about the recruitment and counselling of potential participants. Several ideas were shared to support recruitment and follow-up, including counselling patients for both the main study and the follow-up study at the same time.

Other practical topics included the consent forms, questionnaires and participant follow-up. We also discussed the idea of developing a short video with tips & tricks for counselling, this is coming soon!

Overall, it was a valuable meeting that provided an opportunity to exchange experiences and practical solutions and to further improve the implementation of the SAVE FGR study across the participating centers.

STUDY STATUS – 22 SEPTEMBER

The Netherlands



Total: 73 inclusions

Poland



Warsaw – start 27 October

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Poland recruitment starts 27 October

A new milestone for the SAVE FGR trial



We are ready to begin recruitment for the SAVE FGR study at Bielański Hospital in Warsaw!

This milestone follows a year of preparation and close collaboration. We are deeply grateful to our partners and the study sponsor in Amsterdam for guiding us through every step and helping us prepare our center for recruitment.

We are the first of four Polish centers participating in the trial. As we gain experience, we will share what we learn with the other three centers to support them in starting recruitment.



CMKP Centrum Medycznego Kształcenia Podyplomowego

Szpital Bielański

FROM THE STUDY COORDINATOR, ANNA SCHOLZ

As the study coordinator for Poland, I am delighted to work alongside such committed teams. A special thank you goes to the team at Bielański Hospital for their dedication and hard work in making this possible.

FGR remains an important challenge, with much still to understand and improve. We look forward to making a meaningful contribution to this international effort - and, ultimately, to improving care for women and their babies.

POLAND TEAM

Principal investigator: prof. Katarzyna Kosińska-Kaczyńska
Martyna Bendorz, MD
Katarzyna Chaberek, MD
Katazryna Bednarek, MD
Prof. Anna Scholz
Beata Mazur, MD
Katzrayna Muzyka-Placzyńska, MD
Małgorzata Siergiej, MD

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NFMS RESEARCH UPDATE

Improving skin preparation for Nemo Fetal Monitoring System

Delft University of Technology

As a follow-up to our efforts to improve the NFMS experience for participants, we recently conducted additional research together with a group of bachelor's students from Delft University of Technology in the Netherlands. Anna de Ruijter, Maaike Seele, and Stephanie Verheggen investigated optimal skin preparation for examinations using gel electrodes.

During NFMS use, high skin impedance can make it more difficult to measure electrical activity with a low noise level. Currently, skin preparation consists of two steps: first, soap is used to remove oils from the skin, followed by sandpaper to remove dead skin cells. However, this approach does not always reduce skin impedance sufficiently and may cause skin irritation. To identify a more effective preparation method, they first conducted a systematic review of alternative skin preparation techniques. They then tested the most promising methods, evaluating three factors: 1) reduction in skin impedance, 2) preparation time, and 3) skin irritation. The preparation process was assessed in two stages: removing oils from the skin and removing dead skin cells. The results showed that removing dead skin cells is the most important step in reducing skin impedance. The most effective combination was cleaning the skin with alcohol, followed by abrasion with sandpaper. This method achieved the lowest skin impedance in the shortest preparation time, while causing a similar level of skin irritation compared with the current method.

Based on these findings, the proposed protocol recommends repeating the abrasion step when the NFMS displays an orange symbol, indicating that the skin impedance is still too high. Further research is needed to determine whether this approach is equally effective on the skin of pregnant women and to assess potential skin irritation during prolonged electrode use.

KEY FINDING

Removing dead skin cells is the most important step in reducing skin impedance. Cleaning with alcohol followed by abrasion with sandpaper gave the lowest impedance in the shortest preparation time.