**Interventricular septal thickness as a diagnostic marker of fetal macrosomia**

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**Introduction:**
Serious complications in both mother and child arising as a result of fetal macrosomia indicate the need for early diagnosis and prevention. Unfortunately, current predictors such as fetal biometry, fundal height and amniotic fluid index appear to be insufficient.

**Aim of the study:**
Therefore, we decided to assess the predictive potential of interventricular septal thickness (IVST) as measured in ≥33 weeks of gestation.

**Material and methods:**
299 patients met the inclusion criteria: ≥33 weeks of gestation and a complete medical history including all necessary measurements, namely IVST obtained by M-mode echocardiography, fetal biometry information and birth weight. Statistica 13.1 PL software was used to generate the receiver operating curve.

**Results:**
46.43% of macrosomia cases were predicted based on fetal biometry abnormalities. IVST is a promising macrosomia predictor, with an area under the curve of 0.644 (0.525-0.762; \(p=0.0177\)). Using the Youden index method, a cut-off point of 4.7mm was selected as the most optimal threshold for diagnosis, detecting up to 71.43% of cases.

**Conclusion:**
IVST at ≥4.7mm appears to have a higher sensitivity and NPV than ultrasound, which was reported both here and elsewhere

**Key words:** Fetal Macrosomia, Macrosomia, Interventricular Septal Thickness, Prenatal Cardiology