

In Norway, all pregnancies are equal, but some pregnancies are more equal than others.

- Norway's health authorities (i.e., Norwegian Ministry of Health & Care Services and Norwegian Directorate of Health) assume all fetuses are of accurately average size in gestational week 18. They are not.
- Norway's health authorities assume all gestation periods are 283 days. They are not.
- Norway's health authorities assume the estimation of date of delivery (EDD) and the estimation of gestational age are synonymous (i.e., LMP = EDD – 283 days) for all pregnancies. They are not (i.e., LMP ≠ EDD – 283 days).
- Norway's health authorities assume EDD (only 4% of pregnant women deliver on their EDD) is clinically more important than gestational age. It is not.
- Norway's health authorities implemented a science-bending, medically & ethically flawed 2014 national medical policy for obstetric & fetal medicine which includes a government-mandated protocol of evidence-obviated medicine (without patients' informed consent) to ensure unilateral reliance on Norway's National Center for Fetal Medicine (NCFM) Group's ultrasound-based eSnurra EDD estimation "method" to establish the clinically important gestational age for all pregnancies and abortions in Norway. However, this policy is proven to systemically misclassify gestational age, which causes suboptimal obstetric & fetal awareness, which causes suboptimal obstetric & fetal management, unnecessarily.

Strangely, yet tellingly, the only "independent" academic, scientific documentation Norway's health authorities use to justify their selection, implementation and ongoing promotion of NCFM Group's eSnurra EDD estimation "method" was written by NCFM Group themselves. Specifically, Norway's health authorities use the bending of policy-relevant science that is the 2012 NTNU dr.philos thesis of NCFM Group member Inger Økland (since employed by Norwegian Directorate of Health); an articles-based thesis which includes 4 articles supervised and coauthored by the 3 NCFM Group members (Sturla H. Eik-Nes, Per Grøttum & Håkon K. Gjessing) who claim copyright ownership of NCFM Group's eSnurra EDD estimation "method." Unfortunately, and sadly, NCFM Group's eSnurra EDD estimation "method" is an appropriated, plagiarized, misused implementation of Dr. David J. R. Hutchon's original idea and method of Population-based Direct EDD Estimation (PDEE) published in 1998. Consequently, NCFM Group are engaged in long-term, ongoing research misconduct via plagiarism and the bending of policy-relevant science with Norway's health authorities; a combination proven to cause increased medical risks, critical medical mistakes and grievous medical harms (including perinatal & neonatal death), unnecessarily, for some of Norway's women and their fetuses/babies.

Moreover, Norway's health authorities use the bending of policy-relevant science, knowingly, to justify national implementation of their medically & ethically flawed national medical policy for obstetric & fetal medicine. Incredulously, Norway's health authorities do this in conscious disregard of the explicit, published warnings of the risks & consequences identified by Norway's obstetric & fetal medicine experts, international practice guidelines and Norway's epidemiological experts. As a result, a dangerous, harms-causing, national medical policy of authority-based medicine with a government-mandated protocol of evidence-obviated medicine (without patients' informed consent) ensures unilateral reliance on the appropriated, plagiarized, misused ultrasound-based NCFM eSnurra EDD estimation "method," thereby establishing it as the flawed, *de facto* temporal foundation of obstetric & fetal medicine for all pregnancies and abortions in Norway, but without the ability to actually estimate the clinically important gestational age for individual pregnancies. Presciently, Dr. David J. R. Hutchon warned of precisely this, 20-years ago.

Consequently, and not surprisingly, this combination of flawed national medical policy, flawed national medical protocol and flawed national medical "method" causes the government-mandated, unilateral reliance on NCFM Group's ultrasound-based eSnurra EDD estimation "method" to systemically misclassify the clinically important gestational age for fetuses that are smaller or larger than accurately average for week 18, with 7% of fetuses misclassified by more than 14 days. Misclassification of gestational age causes suboptimal obstetric & fetal awareness, which causes suboptimal obstetric & fetal management, which causes increased medical risks, critical medical mistakes and grievous medical harms. For example, in Laila's case the misclassification of gestational age caused a critical scheduling mistake for the important, time-limited, medical procedure of turning Laila's baby from breech to vertex for normal delivery before the onset of labor in order to prevent an unnecessary, unwanted breech delivery or Cesarean-section surgery delivery with a cascade of complications. Unfortunately, Laila had no choice but to endure the latter because the midwife in Laila's case was instructed to obviate (i.e., to disregard, without Laila's informed consent) Laila's accurately documented regular LMP date, date of ovulation, date of intercourse/conception and date of early pregnancy test. Moreover, the midwife who did this confirms today, 19 months later, that given the same scenario she would do the same, according to the instructions she has been given. Furthermore, misclassification of gestational age causes medical, ethical and legal problems for fetal diagnostic testing (trisomy 21, 18 & 13) and abortion adjudications in Norway.

Finally, the pregnancies in Norway which "*are more equal than others*" are, of course, those pregnancies whose fetuses are in fact of accurately average size in gestational week 18 and therefore, less likely to be misclassified by NCFM Group's unilateral, ultrasound-based eSnurra EDD estimation "method." Again, NCFM Group's unilateral, ultrasound-based eSnurra "method" estimates EDD, not the clinically important gestational age. Consequently, NCFM Group must calculate gestational age by using the equivalent of Naegele's rule, but in reverse, by assuming, erroneously, LMP = EDD – 283 days for all pregnancies. Again, Dr. David J. R. Hutchon warned of precisely this, 20-years ago. Norway's women and their fetuses/babies deserve better. Norway's dedicated medical professionals deserve better. Clearly, Norway can and must do better on behalf of science and the public trust.