

Information for mothers who are expecting a large for gestational age baby (LGA)

We are giving you this leaflet as we have identified that you may be having a baby that is bigger than average, sometimes referred to as large for gestational age (LGA). While this may be a cause of concern for you, additional information in this leaflet will help you to understand more about this news.

What does this mean for me and my baby?

Research has shown that if you are carrying a larger than average baby, 90% (9 out of every 10) women will have a straightforward delivery. However, there are known risks to mum and baby that you need to be aware of, in order to make informed decisions about your planned mode of delivery.

LGA babies are found in 9-13% of all deliveries, and may be associated with complications for both the mother and the baby. We know the women who are more likely to have big babies (predicted to be 4.5kg or more at full term) are those mothers with diabetes and those whose BMI was more than 30kg/m² at booking.

The complications for the mother associated with this are:

- An increased chance of prolonged labour,
- Instrumental delivery, such as Caesarean or assisted vaginal birth (forceps or ventouse),
- Perineal trauma (episiotomy and tears),
- Postpartum haemorrhage (excess blood loss over 1L), and,
- Uterine rupture, although this is very, very rare, affecting fewer than 1 in 1000 such births.

Complications for the baby include an increased likelihood of:

- Shoulder dystocia (where the shoulders become trapped above the pubic bone), brachial plexus injury (damage to the nerves of the shoulder, arm, forearm, hand, and fingers) – affects about 1 in 7-40), bone fractures, fetal hypoxia (lack of oxygen),
- Hypoglycaemia (low blood sugar) – often linked to a maternal complication called gestational diabetes, and
- Admission to the neonatal intensive care unit (Buscot Ward) for monitoring after birth.

How do you know I may have a larger baby?

Your midwife measures your abdomen and plots this measurement on a growth chart in your notes. If this measurement is above the 90th percentile (scored higher than 90% of the norm group) when plotted on the chart, they will refer you to the hospital for a blood test to check for diabetes. You may also need an ultrasound scan.

The first thing to consider is that ultrasound scans after about 34 weeks are not very accurate at estimating fetal weight. There tends to be a 10% either way margin of error (i.e. bigger or smaller than the formula calculates from measurements obtained). **Predicted LGA babies are often delivered with a birthweight within average range**, so we are very aware that this finding can lead to unnecessary increased anxiety and worry for women.

Evidence for inducing labour for women who are thought to be carrying an LGA baby is not compelling. However, there was a Cochrane review in 2016, which looked at four studies and included 1190 women with no diabetes at 37 to 40 weeks' gestation. This review found that induction of labour in late pregnancy did not have an impact on the incidence of instrumental delivery or delivery by Caesarean section. There was lower mean birth weight, fewer birth fractures and fewer cases of shoulder dystocia. Women who were induced had a higher incidence of significant perineal trauma (tears). The review reports that in order to prevent one bone fracture, 60 women would have to be induced.

Further information

Another useful information sheet is on the RCOG website at www.rcog.org.uk/documents/guidelines/gtg_42.pdf which was first published in 2012 and reviewed every three years for new research information.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Next review due: February 2023