

'Big Baby' Diagnosis on Third Trimester Ultrasound Scan

This leaflet is to provide you with more information following your recent ultrasound scan which has shown your baby to have:

- Estimated Fetal Weight (EFW) above 95th centile (Big baby)

OR

- Abdominal Circumference (AC) above 95th centile (Big tummy)

This means that if 100 babies were measured your baby's measurements would be bigger than 95 of those babies. Ultrasound scan findings are estimated to be within 85% accuracy. This means your baby's size may be 15% bigger or smaller than predicted.

Most babies with estimated fetal weight (EFW) >95th centile or abdominal circumference (AC) >95th centile on ultrasound scan are delivered vaginally with no complications. However, we know that bigger babies may have a greater risk of complications during labour and therefore you will be referred to a consultant obstetric clinic. This appointment will be to discuss where you have your baby and to offer you an earlier induction of labour. In certain circumstances it may be appropriate for you to be offered a caesarean delivery. The exact advice will depend on your individual circumstances and scan findings.

One of the main labour complications of which to be aware is called 'shoulder dystocia', where there is difficulty in delivering the baby's shoulders. Shoulder dystocia occurs in about 1 in 150 births (0.79%). However, half of all instances of shoulder dystocia occur in babies weighing less than 4kg. With larger babies there is also an increased risk of needing an assisted vaginal delivery with a ventouse or forceps or an emergency caesarean section.

We have provided you with information on the accompanying infographic which is called '**Induction of labour for big babies**' which includes information from studies which reviewed the outcomes during labour and delivery for other women who have had larger babies. We advise you to read the leaflet prior to your appointment with the obstetrician as this will help you to make an informed decision with the doctor at your appointment.

Gestational Diabetes (GDM)

Additionally, when a scan has identified a larger baby it is important that we check that you do not have underlying gestational diabetes mellitus (GDM). In some cases the cause of baby's accelerated growth may be due to GDM. GDM is diabetes that develops during pregnancy as a result of hormonal changes which usually occur between 24 – 28 weeks of pregnancy, although this may occur at a later gestation.

We recommend that a woman is offered an opportunity to investigate if she has developed GDM when a scan indicates these findings and we would investigate you even if you have been tested earlier in pregnancy. GDM can be tested for using an 'oral glucose tolerance test' (OGTT) up until 32 weeks of pregnancy. After 32 weeks of pregnancy home blood glucose monitoring is the recommended investigation. This involves testing your blood sugars each morning and one hour after each main meal: breakfast, lunch and dinner, usually over a one week period. We recommend you continue with your usual diet and lifestyle during this period.

A decision on appropriate investigations and follow up with the results will be made by the Diabetes team who will contact you to arrange this as soon as possible. Depending on if you have gestational diabetes or not, will guide the advice we give you regarding the management of your pregnancy and the delivery of your baby.

Induction of labour for big babies

What is this review about?

Big babies (over 4000g or 9lb) can be injured at birth. Inducing labour early, before the baby grows too big, may reduce this trauma. However, if done too early, induction can lead to babies being born prematurely and with immature organs. Also, estimating a baby's weight before birth is not very accurate, so induction will sometimes be unnecessary.

What evidence did we find?

We found four studies (randomised trials), involving 1190 non-diabetic pregnant women with suspected large babies. This infographic shows some of the results of the review comparing pregnant women who were induced at 37 to 40 weeks with women who waited for labour to start naturally.

What's best for babies?

Big babies have a higher chance of being injured during birth. Does inducing labour make a difference to the number of babies who are injured?

Any fracture

The baby may fracture a bone during birth, e.g. the collarbone.



Induction of labour decreased fracture by about 16 babies per 1000.

Shoulder dystocia

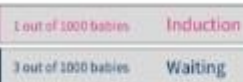
When the baby's shoulder becomes stuck during birth.



Induction of labour decreased shoulder dystocia by about 27 babies per 1000.

Brachial plexus injury

Damage to the network of nerves that send signals to the baby's shoulder, arm and hand.



There was no clear difference between induction of labour and waiting.

Birthweight



On average, babies weighed 178g less when labour was induced compared with waiting.

Low Apgar score

This assesses the baby's health. A low score shows that the baby may need medical attention.



There was no clear difference between induction of labour and waiting.

Low arterial cord pH

This shows that the baby hasn't had enough oxygen during birth.



There was no difference between induction of labour and waiting.



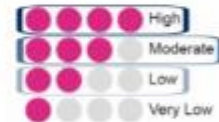
Induction of labour reduced the number of babies who had shoulder dystocia or any fracture. There were no clear differences between groups for brachial plexus injury, low Apgar score, or low arterial cord blood pH.

Induction of labour at or near term for suspected fetal macrosomia
Boulvain M, Irion O, Dowswell T, Thornton JG
Full review: <http://ow.ly/9Kbd300ts9W>

How good is the evidence?

In all trials women and health professionals knew in advance whether induction was happening or not, which may have affected the results.

The quality of the evidence was **high** for any fracture, **moderate** for caesarean section & cord pH, and **low** for instrumental delivery, brachial plexus injury, & Apgar score.



What's best for women?

A big baby is more likely to need delivering by caesarean section or instrumental delivery (using ventouse or forceps).

Caesarean section carries risks such as infection for the mother and breathing difficulties for the baby. The mother may take longer to recover from a caesarean section than from a vaginal birth.

An instrumental delivery increases the chance of the mother having a vaginal tear, blood clot, or incontinence.

Does inducing labour make a difference to the number of women needing a caesarean section or instrumental delivery?

Caesarean section



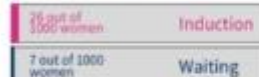
Induction of labour made no clear difference to caesarean section.

Instrumental delivery



Induction of labour made no clear difference to instrumental delivery.

Perineal damage



Induction of labour may increase the number of women with severe perineal tears.



Induction of labour made no clear difference to the number of women who needed a caesarean section or an instrumental delivery. There is limited evidence that more women in the induction of labour group had severe perineal damage.

What does this mean?

There appear to be benefits from induction, but there may also be some disadvantages. The option should be discussed with parents when their baby is suspected to be big. We need more trials to find out the best time to induce labour towards the end of pregnancy, and how to identify big babies more accurately.

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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