

This Leaflet will give you more information on your pregnancy and what to expect if your baby is measuring large for dates. If you have any other questions or concerns please contact your community midwife who will discuss with you or refer you as required to a consultant obstetrician for review

What is a large for dates baby

There is no strict definition of 'large for dates' (macrosomia), but it is generally accepted to mean babies expected to weigh more than 4.5 kg (9 lb 14.5 oz) at birth.

LGA baby is a baby who has an estimated weight that exceeds the 90th centile on your individualised growth chart this takes into consideration your height, weight, ethnicity and the weight of any previous children. It is customised by comparing 100 women of the same or similar characteristics as yourself.

LGA can be identified from your growth chart where your baby's growth is measured and plotted. One in 10 babies will be bigger than expected (referred to as 'over the 90th centile').

What causes a baby to be large for gestational age?

We do not always know what has caused a baby to be LGA, however you are more likely to have a large for dates baby if:

- You are obese with a body mass index (BMI) of 35 or above. Healthy lifestyle and taking regular exercise can help to reduce the risk if you are overweight
- You are known to be diabetic or develop diabetes during pregnancy (Gestational Diabetes)

However, many women who have a LGA baby do not have any of these risk factors.

How is large for gestational age diagnosed?

Your midwife will measure your tummy, with a measuring tape and record this on the customized growth chart in your pregnancy records. This is measuring the contents of your uterus which includes baby, placenta fluid and yourself. The midwife is not measuring your baby alone, therefore is ensuring that your abdomen is growing along the curve of the growth chart. There is no cause for concern if this measurement plots consistently above the 90th centile. If the growth is not following the curve the midwife will refer you for a scan.

The scan will take three measurements (head, waist and thigh bone) use them to calculate a weight. It is important to remember that the growth scan is only an estimate and there may be an under or overestimate by as much as 15%. This also means that some women may have smaller or larger babies than the scan suggests

What happens if my baby is large for gestational age?

If you have been told that your baby is LGA you will be offered screening for Gestational Diabetes. If the test shows that you have Gestational diabetes you will be contacted by a specialist midwife.

Undiagnosed or poorly controlled Diabetes in pregnancy can increase the risk of LGA

What happens when I am diagnosed with LGA baby?

You will be referred to an obstetrician depending on associated risk factors. Your options to how to give birth to your baby will be discussed with you. For most women it is appropriate to aim for spontaneous vaginal delivery

What are the risks of giving birth if my baby is LGA ?

It is important to remember that most babies who are large for their gestational age are born vaginally with no complications at birth.

However, there is an increase in the risk of:

1. Shoulder dystocia .
This is a rare complication of labour 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.
2. 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
3. An increased risk of the mother having a large blood loss after the birth (postpartum haemorrhage); therefore, we would recommend that you have an injection that will help deliver the delivery of the placenta and reduce the risk of bleeding .
4. There is an increased risk of Perineal tear . This is where the skin between the vagina and anus is torn and needs suturing (Stiches)

If you choose to give birth to your baby via a caesarean section, it is important that you discuss the risks and benefits with the obstetrician. Please read the Elective Caesarean Section Leaflet (on Badgernet) that explains all the risks.

What are the risks to my baby?

Shoulder Dystocia

1 in 25 babies that are identified as LGA will experience shoulder dystocia and extra interventions or manoeuvres will be needed to help delivery of the baby's shoulder. Shoulder dystocia in 85% of cases resolves by the midwife or obstetrician performing simple manoeuvres such as supporting you to abduct(lift) your knees to your chest, this enables the diameter of your pelvis to increase.



McRoberts Manoeuvre

Taken from RCOG Green top Guidance No 42

It is important to remember that most babies will be fine . However, 1 in 10 babies who will experience shoulder dystocia may have stretching of the nerves in the neck. This is called brachial plexus injury and causes loss of movement/paralysis in the baby's arm. The effects of the injury to the nerves in the arm can be temporary or permanent. 1 in 10 babies may have a fracture to their collar bone and 4 in 100 may have a fracture of their arm. These will heal extremely well with no long term effects

Rarely a baby may suffer brain damage if they did not get enough oxygen during the birth because of shoulder dystocia.

Caesarean section

If your baby is delivered via caesarean section, it is important to note that 2 in 100 babies will have a cut on their skin. 1 in 10 babies will have breathing difficulties that may mean they are admitted to neonatal intensive care.

Rarely, a baby may have a broken bone in their arm. This normally heals extremely well.