

## Women and Children's Care Group Patient Information

### What happens if your baby is measuring large for dates?



If your baby is measuring large for dates during your pregnancy, this leaflet will give you information on your care and what to expect. If you have any other questions or concerns, your midwife or doctor will be happy to discuss them with you.



## Introduction

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. Whether your baby is large for you, however, will depend upon your own individual characteristics. This leaflet explains what will happen if your midwife thinks that your baby is measuring large for dates during your pregnancy.

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## Why does it matter if your baby is large for dates?

Evidence shows that 90% of women who go into labour carrying a baby who is suspected of being large for dates are able to have a vaginal birth. However, the risks to mother and baby begin to rise with increasing birthweight above 4.5kg.

## What are the risks of having a large for dates baby?

It is important to remember that, although the risks are increased, most women and babies do not have complications if the baby is large.

- An increased chance of having a caesarean section (probably more than double)
  - An increased risk of difficulty in delivering the baby's shoulders (shoulder dystocia) with associated risks of damage to a baby's shoulder or arm in trying to deliver the baby, or of the baby being deprived of oxygen. However, most babies do not have shoulder dystocia
  - An increased risk of the mother having a large blood loss after the birth (postpartum haemorrhage)
  - An increased risk of the mother having a bad tear of her perineum, requiring stitches in theatre under anaesthetic (up to threefold if you are having your first baby)
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## Who is more likely to have a large for dates baby?

You are more likely to have a large for dates baby if:

- You have diabetes
  - You have had a previous baby weighing over 4.5kg at birth
  - You are obese
  - You have gained more weight than usual in pregnancy
  - You were a large baby yourself
  - Your pregnancy has lasted 41 weeks or more
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## How do we detect large for dates babies?

During your pregnancy you will have a customised growth chart prepared for you, based on information such as your height and weight, and the number of babies you have had.



At every antenatal appointment after 24 weeks, the distance between the top of your womb and the bone at the front of your pelvis is measured (the symphysis fundal height). This measurement is then plotted on your customised growth chart.

If this measurement is greater than expected on two or more occasions, you will be referred for assessment.

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## **How is your baby assessed if suspected to be large for dates?**

### Before 37 weeks

You will be offered an ultrasound scan to estimate the size and to measure the volume of fluid around your baby. If your baby is estimated to be large for dates, you will be offered a test to check for diabetes in pregnancy (gestational diabetes), called a glucose tolerance test (GTT).

### From 37 weeks

If you are planning to have your baby on a Midwife Led Unit, you will be offered an ultrasound scan to estimate the size and to measure the volume of fluid around your baby. If you are planning to have your baby on the Consultant Unit, you be offered an ultrasound scan just to measure the volume of the fluid around the baby. We are unable to check for gestational diabetes after 37 weeks, because the results of the GTT test are not accurate at this stage of your pregnancy.

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## **What happens after assessment?**

### Normal ultrasound scan

This means that the amount of fluid around your baby is normal and the scan measurements suggest that your baby is not large for dates. There is then no need for you to have further scans unless a new reason arises. You can continue with your plan to give birth in a midwife led unit.

### Large for dates baby on scan

You will be advised to have your baby on the Consultant Unit. You will also be offered an appointment in a Consultant Unit Antenatal Clinic or in the Antenatal Day Assessment Unit to discuss the option of induction of labour.

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### Increased fluid on scan

Larger babies usually have more fluid around them than smaller babies. However a larger than normal amount of fluid can occasionally indicate a problem with the pregnancy or the baby. For this reason, you will be offered the next available appointment for a scan with a Consultant, usually within the next week.

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## **Giving birth**

Most women will be able to have a vaginal birth. Although the risk of shoulder dystocia is greater, most babies do not have any problems resulting from this. It is estimated that over 2000 women would need to give birth by caesarean section to prevent one case of shoulder dystocia severe enough to cause permanent damage to a baby.



## Induction of labour

Early induction of labour, a week before your due date, will be considered if your baby is large for dates on ultrasound scan. It is estimated that for every 60 women who have labour induced, one case of shoulder dystocia resulting the baby having a broken bone (arm or collar bone) is prevented. Early induction does not appear to increase the risk of you having a caesarean section but it may increase your chance of having a bad tear of the perineum. A doctor will discuss the option of induction of labour with you but you may prefer to wait for labour to start naturally.

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## What happens in labour?

As with any woman in labour, we will regularly check the progress of labour and the wellbeing of you and your baby. If there any concerns at all, the midwife looking after you will ask a doctor to assess your situation and make a plan for your ongoing care.

We recommend that you have the injection offered for the delivery of the placenta, to help prevent a lot of bleeding.

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## Other sources of information

### NHS Choices

The UK's biggest health website, certified as a reliable source of health information: [www.nhs.uk](http://www.nhs.uk)

### Patient UK

Evidence based information on a wide range of medical and health topics. [www.patient.co.uk](http://www.patient.co.uk)

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## Patient Advice and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

**Princess Royal Hospital**, Tel: 01952 282888

**Royal Shrewsbury Hospital**, Tel: 0800 783 0057 or 01743 261691

**Website:** [www.sath.nhs.uk](http://www.sath.nhs.uk)

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## Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

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## Your information

Information about you and your healthcare is held by the NHS. You can find out more about how we hold your information and how it is used on our website in your Pregnancy Information Book.

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