

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

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

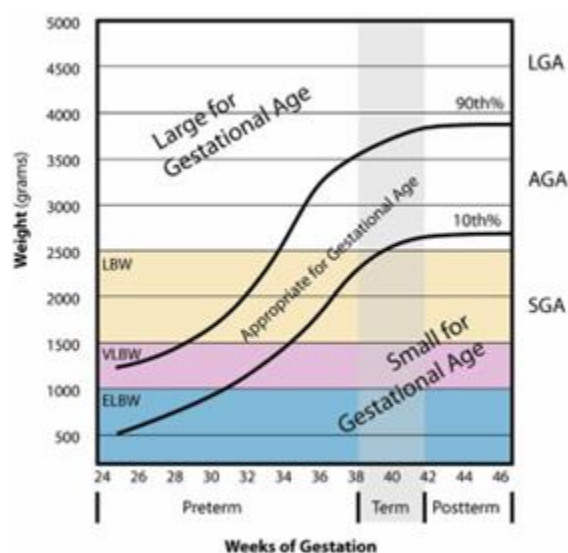
如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

You have been given this leaflet because you might be having a baby that has an estimated weight more than the average at this stage of pregnancy. This is referred to as “large for gestational age (LGA)”. We understand that this might be concerning, and we hope that this leaflet will provide more information regarding this matter.

What does large for gestational age mean?

If we suspect that you might be having a large baby, we measure your baby’s weight during an ultrasound scan and plot it in a chart against the baby’s age at each stage of pregnancy. This chart is called a “growth chart”. If your baby’s growth lies above the 90th centile (which means your baby weighs more than 90 in 100 babies), then your baby can be described as large for gestational age.



What causes a baby to be large for gestational age?

It is sometimes difficult to know what causes a baby to be large for gestational age, but you might be at risk if:

- You have a high body mass index “BMI” of 35 or above
- You had a large baby before
- You have family history of large babies
- You have high blood sugar in pregnancy (diabetes or gestational diabetes).

However, many women who have a large for gestational age baby do not have any of these risk factors.

How do we find out that a baby is large for gestational age?

At each antenatal appointment after 26 weeks, your midwife will measure the distance between the top of your womb and a bone at the front of your pelvis called the pubic symphysis. If this measurement is larger than expected, the midwife will arrange an ultrasound scan. Your baby's weight will be estimated from measurements on the scan - this will be plotted on the growth chart mentioned above and the diagnosis of large for gestational age baby can be made.



What will happen if you have a large for gestational age baby?

If you are less than 36 weeks pregnant, you will be offered a test to check if you have developed gestational diabetes. This is because gestational diabetes is the commonest reason for babies to be larger than expected in pregnancy. This test is called a glucose tolerance test (GTT). You will then be offered another scan after 36 weeks to follow up the baby's weight.

If you are more than 36 weeks pregnant, then GTT will not be sensitive at this stage of pregnancy, and you will be referred to a specialist midwife or an obstetrician to discuss your options for baby's delivery.

What are the risks of a vaginal birth when you have a large for gestational age baby?

Most large for gestational age babies are born by vaginal birth without complications, and a vaginal birth usually means a quicker recovery for the mother. However, there are some identified risks that you should be aware of.

For the mother:

- Labour can sometimes be longer than expected.
- You might need assistance in delivering the baby in the form of using forceps or ventouse.
- Perineal tear including 3rd or 4th degree tear.
- Bleeding after labour (Postpartum haemorrhage).
- Very rarely, rupture of your womb (Uterine rupture).

For the baby:

- Shoulder dystocia may occur in up to 1 in 25 large for gestational age babies. This is when the baby's head has been born but one of the baby's shoulders becomes stuck behind the woman's pubic bone (one of the bones in the pelvis), delaying the birth of the baby's body. Most babies who experience shoulder dystocia will be fine with no complications, but in around 1 in 10 cases of shoulder dystocia, there is stretching of the nerves in the baby's neck (brachial plexus injury). This can cause loss of movement in the baby's arm, which in most cases is temporary but for 1 in 10 of those babies the loss of movement can be permanent.
- Rarely the baby may have a broken collar bone or humerus (bone in the arm). These heal quickly and easily in babies.
- In very rare cases the baby may suffer brain damage because the baby did not get enough oxygen at birth as there was shoulder dystocia.
- Low blood sugar (hypoglycaemia), this is usually linked with mothers having gestational diabetes.
- Neonatal intensive care unit admission.

What to do to reduce the risks for the mother and baby?

- Following a healthy lifestyle in the form of regular exercise and a healthy diet can help to reduce the risk if you are overweight. Your midwife can give you advice about this and refer you to a dietitian if needed.
- When you are coming towards the end of the pregnancy, your midwife or obstetrician will discuss the suitable birth options for your case. These options are either continuing with usual care, inducing labour early with the aim of achieving a vaginal birth, or a caesarean section if a vaginal birth is deemed unsafe.
- The risks associated with caesarean birth are detailed in our caesarean section information leaflet.
- The decision regarding mode of birth will be made between you and your health professional, and you will be supported through it.

References and 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.
- <https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-shoulder-dystocia.pdf>
- Big Baby clinical trial. Warwick clinical trials unit.

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