

Large for gestational age babies, to induce or not: A clinical dilemma for obstetricians

Arafa A, Abdel-Aal R, Jtucker, Stankeviciene I
Epsom and St Helier Hospital, London, United Kingdom

Objective

The number of large newborns is increasing. Over the last decade there has been a 15-25% increase in the number of women giving birth to large infants in many countries. This trend has been attributed to increases in maternal height, body mass, gestational weight gain and diabetes. Macrosomia is a term used for newborns with a birth weight above a certain limit but there is no consensus on this limit. Larger babies carry a greater risk of developing type 2 diabetes mellitus later in life, breast cancer and overweight. Managing the delivery of large babies is challenging for clinicians and there is no consensus on this. Women with a history of one macrosomic infant are more likely to have another and a change in maternal BMI during pregnancy can help predict fetal macrosomia. Sonographic assessment of fetal weight is frequently inaccurate.

Methods

We conducted a retrospective study of all patients over a three year period, from 2011 to 2014, who booked at Epsom General Hospital, NHS Trust, UK. Using patient records, ultrasound scan reports and our electronic labour ward system Protos, we were able to determine the number of pregnancies when birth weight was 4500 grams or more. We collated the data into a standardized proforma and then divided the data in subcategories according to our objective.

Results

See annexes.

Conclusion

Several studies highlight that induction of labour for suspected macrosomia in non-diabetic women has not shown to reduce the risk of caesarean section, instrumental delivery or perinatal morbidity. It is important for clinicians to be aware of the risks associated with fetal macrosomia and the long-term implications. During labour regular assessment of progress is required, continuous electronic monitoring of the fetal heart rate should also be performed because of the increased oxygen requirement of the fetus. Ates of shoulder dystocia are also heightened the larger the baby.

