

Options for Birth When Your Baby Appears to be Big on a Scan

“Big” also known as: growing larger than expected, large for gestational age (LGA), above the 90th centile, more than 4kg at term (37-42 weeks)

Scans late on in pregnancy are not very accurate at predicting birth weight. In a recent study, only **4 out of 10 babies** predicted to be big were actually big at birth.



Why Does Having a Big Baby Matter?



Women have an increased chance of having an emergency caesarean birth during labour, a perineal tear involving the anus, and/or a significant bleed after the birth of a big baby.



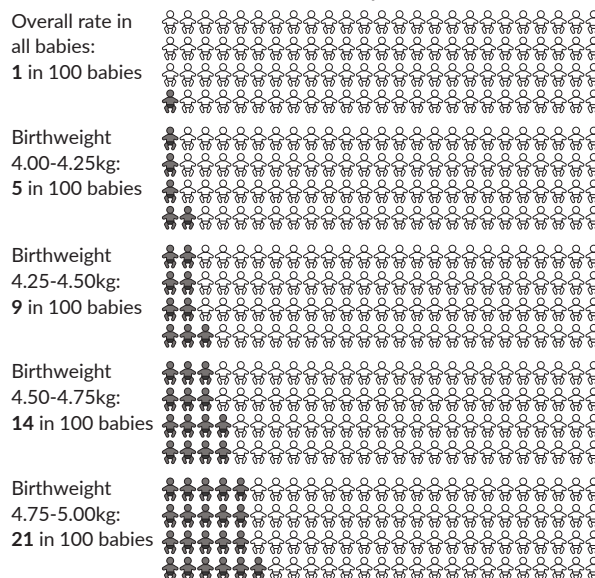
Babies who weigh more than 4kg at birth have an increased chance of **shoulder dystocia** (difficulty birthing the shoulders).

In 9 out of 10 babies, the shoulders are released with simple manoeuvres without causing any permanent injury.

Out of 100 women...	If baby weighs...		
	Less than 4kg	More than 4kg	More than 4.5kg
Caesarean in labour*	30/100	35/100	45/100
Tear involving the anus	1/100	2/100	3/100
Post-birth bleed	2/100	5/100	6/100

* This will be lower if you have previously had a vaginal birth

Chance of Shoulder Dystocia



You have been given an *estimated* weight; however, this information is based on **ACTUAL** birth weight.

Options to Consider for Birth *Remember scans are estimates only*

Previous births

Clinical assessment

Maternal expectations & preferences

	Wait and See Discussed	Induction at 38-40 weeks Discussed	Planned caesarean birth at 39-40 weeks Discussed
Benefits	Labour might start by itself. 9 out of 10 babies who have shoulder dystocia will be born promptly and safely with simple manoeuvres. No difference in chance of tear involving the anus.	Reduces chance of shoulder dystocia because the baby will be smaller: 3 in 100 vs 4 in 100 babies. Reduces chance of having an emergency caesarean: 28 in 100 vs 32 in 100 women. No difference in chance of assisted birth with forceps or ventouse.	Prevents shoulder dystocia. Minimises chance of having an emergency caesarean birth in labour. Around 1 in 10 women go into labour before their scheduled date. If this occurs, you will be given the option to have an emergency caesarean or continue with a vaginal birth.
Risks	The longer you wait, the larger the baby will grow. Increases chance of shoulder dystocia: 4 in 100 vs 3 in 100 babies. Increases chance of having an emergency caesarean: 32 in 100 vs 28 in 100 women.	Increased need for phototherapy in newborn babies to treat jaundice. Longer hospital stay.	Increases chance of significant bleed after birth. Increases chance of infection. Longer recovery and increased pain after birth. Impacts subsequent pregnancies / births.
Alternatives	Membrane Sweeps can be given to help soften the cervix, which may help labour to start.		If labour starts by itself before the date of your planned caesarean, you could choose to aim for a vaginal birth.

Other Things You Might Want to Think About or Discuss with Your Doctor/Midwife

Considering your history / health / previous births:

What do you feel is right for you?

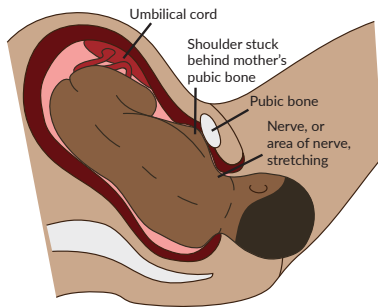
Are there any further questions you want to ask?

For example, will this impact my preferred place of birth? Can I still have a water birth?

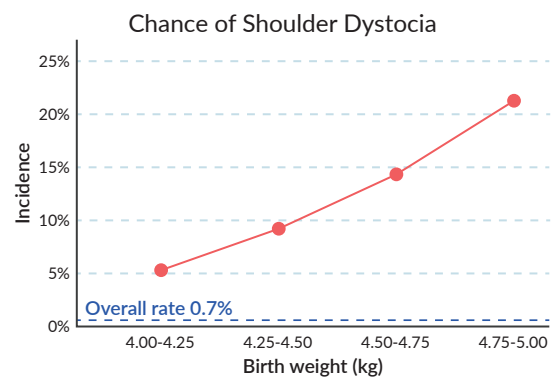
What is important to you?

Frequently Asked Questions

What is Shoulder Dystocia?



Shoulder dystocia – or difficulty giving birth to the shoulders of the baby – is when the baby's head has been born, but one of the shoulders becomes stuck behind the mother's pubic bone. If shoulder dystocia does happen, extra help is needed to release the baby's shoulder.



What are the Potential Complications of Shoulder Dystocia for Your Baby?

9 out of 10 babies who have shoulder dystocia will be born promptly and safely with no permanent damage.

About **1 in 10** babies who have shoulder dystocia will have some stretching of the nerves in the neck, called brachial plexus injury (BPI), which may cause loss of movement to the arm. The most common type of BPI is called Erb's palsy. In **9 out of 10** babies who sustain a BPI this damage is temporary, and movement will return within hours or days.

Permanent nerve damage is rare (**1 in 10,000 babies**), however there is some evidence that suggests it is ten times more likely in babies who weigh more than 4.5kg (**1 in 1,000 babies**).

Sometimes shoulder dystocia can cause other injuries, including fractures of the baby's arm or shoulder. In the majority of cases, these heal extremely well.

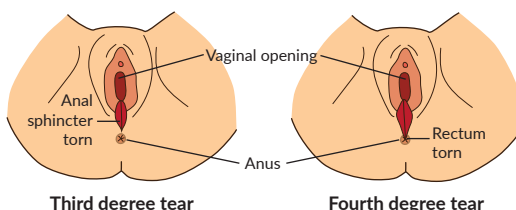
Very rarely a baby can suffer brain damage or death if they do not get enough oxygen due to the birth being delayed by the shoulders.

What is the Impact of Having a Significant Bleed After Birth?

A significant bleed after birth is called a postpartum haemorrhage (PPH). PPH can be minor (500–1000 ml) or major (more than 1000 ml). The blood loss can come from perineal trauma and/or an atonic womb (a womb that does not stay contracted following placental separation).

A PPH can sometimes be life threatening, but more often women can feel faint, dizzy and weak and need a longer stay in hospital to recover. Some women may need a blood transfusion.

What is the Impact of Having a Perineal Tear Involving the Anus?



A perineal tear that is deeper and extends to the muscle that controls the anus (the anal sphincter) is called a third- or fourth-degree tears, also known as an obstetric anal sphincter injury (OASI).

To repair a third- or fourth-degree tear, you will be transferred to an operating theatre as soon as possible after your baby is born. You will need an epidural or a spinal anaesthetic (rarely a general anaesthetic may be necessary) so that you have good pain relief whilst your muscles are repaired. You will have stitches between your vagina and anus (see diagram) and also underneath your skin. The stitches will eventually all dissolve (soften and fall out).

Around 6–8 in 10 women with a third- or fourth-degree tear will have no long-lasting complications after it has been repaired and given time to heal. A small number of women will experience anal incontinence – difficulty in controlling their bowels or holding in wind. There is specialist treatment available for this in the form of physiotherapy or surgery.

Further Information



Scan the QR code for more information, including:

- Access to the published clinical trials and infographics.
- Further information on complications associated with big babies.
- Information on different mode of births including assisted births, caesarean births, inductions and water births.
- Further information and resources.

<https://psrc-midlands.nihr.ac.uk/decision-aid-baby-big-scan/>

The data quoted in this decision tool has come from MSDS data, NICE guidance, RCOG green top guidelines and other good quality systematic reviews / clinical trials e.g. the Big Baby trial – please scan the QR code for links to the original papers.

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