

# FETAL MACROSOMIA

(Large For Gestational Age)



## BASIC INFORMATION

### DESCRIPTION

Fetal macrosomia describes a fetus or infant that is larger than expected for the same age and gender, or has a birth weight above the 90th percentile. It is also referred to as large for gestational age (LGA). Macrosomia is usually defined as a fetus with an estimated weight of more than 4,500 grams (9 lb, 15 oz). Some medical professionals use an estimated weight of over 4,000 grams (8 lb, 13 oz) to define macrosomia. However, the birth weight is never known with certainty until after delivery.

### FREQUENT SIGNS AND SYMPTOMS

Although there are usually no specific signs or symptoms, maternal size frequently suggests that the fetus is overgrown (especially if the mother has gestational diabetes mellitus). Maternal size alone cannot establish the diagnosis. Fetal macrosomia is normally diagnosed by the obstetric provider.

### CAUSES

Fetus gains more weight than is expected.

### RISK INCREASES WITH

- Maternal diabetes (most frequent risk factor).
- Heavy women have a greater risk of giving birth to excessively large infants.
- Macrosomia in a prior infant.
- Multiparity (having had a child previously).
- Post-term pregnancy (42 weeks and beyond).
- About one-third of macrosomic infants are born to mothers without any risk factors.

### PREVENTIVE MEASURES

- Little is known about the prevention of macrosomia except with diabetic patients.
- Optimal blood glucose management for a pregnant woman with diabetes.
- It is unclear if restricting the amount of weight gain by a pregnant woman will help prevent macrosomia.

### EXPECTED OUTCOME

- Macrosomia is a common complication of pregnancy and can usually be managed successfully.
- The majority of macrosomic infants who are delivered vaginally do very well.

### POSSIBLE COMPLICATIONS

- For the mother, fetal macrosomia is associated with increased risks of cesarean section and trauma to the birth canal.
- For the fetus, birth complications such as shoulder dystocia (shoulder gets stuck on the way through the birth canal) may occur. This can cause injury to the infant or block the infant's ability to breath.



## TREATMENT

### GENERAL MEASURES

• Diagnosis of fetal macrosomia is difficult. The measurement is calculated based on the estimated gestational age of the fetus or infant in comparison to what is considered normal height, weight, head size, and developmental level for a child of the same age and gender. The three major methods used to predict macrosomia are:

Using information about the known risk factors.

An estimation by Leopold's maneuvers (a physical examination series of four maneuvers designed to help determine fetal position and presentation).

Ultrasonography to measure the weight may be helpful, but the accuracy of the results is sometimes a concern.

• Management strategies for suspected fetal macrosomia will depend on your risk factors and diagnostic results. Also, special situations such as mothers with diabetes, mothers planning a vaginal birth after cesarean section, and a previous birth involving shoulder dystocia need to be considered.

• Options include: planning for regular labor and delivery, elective cesarean section, or early induction of labor. You and your obstetric provider will discuss the best delivery choice depending on your individual circumstances. There are some risks associated with each type of delivery. Some studies show that in nondiabetic women, one method is not necessarily better in preventing problems to the mother or baby.

• For more information, visit your local library or do a web search.

### MEDICATION

Usually none required.

### ACTIVITY

No restrictions other than those medically recommended.

### DIET

No special diet.



## NOTIFY OUR OFFICE IF

- You or a family member is pregnant and has questions about the possibility of fetal macrosomia.
- Fetal macrosomia has been diagnosed and you have questions or concerns about delivery options.