

MATERNITY GUIDELINES

Management of the suspected large for gestational age fetus

Contents

1. Introduction.....	Error! Bookmark not defined.
2. Identification of suspected LGA in women by routine antenatal symphysis fundal height (SFH) measurement.....	2
3. The suspected Large for gestational age fetus.....	2
4. Management of confirmed LGA fetus from scan.....	3
5. Delivery Planning.....	5

Key Points

- **Identification of the LGA fetus must be confirmed on scan**
- **GTT screening is only useful once an LGA fetus has been confirmed**
- **Fetal weight of > 90th centile may be at increased risk of labour complications, such as LSCS, shoulder dystocia and third / fourth degree tears.**

1. Introduction

The detection and planning for delivery of the LGA fetus is a neglected area of obstetrics. Evidence is increasing of the need for definite guidelines to manage these women and fetuses to decrease risk of shoulder dystocia, complex labours and deliveries. To this end the identification of these women and consultant review in clinic is required. This guideline aims to outline the care expected for these women.

2. Identification of suspected LGA in women by routine antenatal symphysis fundal height (SFH) measurement

- Screening for impaired fetal growth is performed in all pregnancies by plotting the SFH measurement onto the Intergrowth 21st International SFH charts
- Symphyseal height should be performed with the patient recumbent at 45 degrees. The bladder should be empty. The paper tape measure should have the numbers face down. Measurement should occur from the fundus to the top of the symphysis pubis. Measurement should only occur once (i.e. not multiple attempts to find the 'best' measurement)
- Fundal height should be measured and plotted on the growth chart at every antenatal visit beginning from 25-28 weeks until delivery.
- Measure the fundal height at each antenatal contact including non-routine, for example triage review. If less than 2 weeks since the last measurement was plotted the SFH chart should still be reviewed to ensure that deviation is not evident.
- The Intergrowth 21st International SFH charts are to be added to the patients maternity notes at booking or when they attend for their routine first trimester scan by the midwife sonographer.
- The community midwife is responsible for obtaining an Intergrowth 21st International SFH chart when it is not present in the woman's notes. Depending on the gestation all previous growth measurements should be plotted in case referral for a growth scan is needed.

3. The suspected Large for Gestational Age Fetus

SFH Measuring above the 95th centile.

- A first measurement of SFH above the 95th centile is not an indication for a growth scan. (Due to size recorded at anomaly scan). This measurement should be taken at the 25 week antenatal appointment (nulliparous patients) or at 28 weeks (multiparous patients). This is the baseline measurement.
- For subsequent measurements, a symphyseal fundal height that is increasing and is above the 95th centile requires a referral for a growth scan.

- Referral should be made to exclude gestational diabetes (GDM) only once the scan has confirmed LGA status.

- Screening for gestational diabetes will only be offered if not performed in the previous 4 weeks.

Where SFH measurement is already above the 95th centile and there is an increase in growth when plotted on the SFH chart.

- Refer for growth scan

Plotting SFH measurements that remain above the 95th

If despite a normal scan and no evidence of GDM subsequent SFH measurements continues to plot above and **parallel** to the 95th centile referral for another scan is not indicated.

If the SFH remains growing along it's centile for the entire pregnancy then referral for scan is not indicated, as the centiles for the fetus should not have changed from the 20 week scan.

4. Management of confirmed LGA fetus from scan

Abnormal scan / LGA	Pathway
AC and EFW \leq 90 th	Refer back to community midwifery care for continued SFH measurements
AC and or EFW >90 th centile	GTT / CBG training Repeat scan 4 weeks later or by 37 weeks (if more than 2 weeks away)
GTT / CGB testing normal	Consultant ANC appointment at or by 37 weeks (can be booked from DAW when test normal)
GTT / CBG testing abnormal	Will be referred to DM team automatically by usual routes.

5. Delivery planning

- A consultant appointment should be booked to discuss the following
 - Fetal size
 - Labour complications including shoulder dystocia, third and fourth degree tears, risk of LSCS in labour, offer of induction, watch and wait approach or LSCS at term.

Monitoring and Audit

Auditable standards:

Reports to:

Maternity Assurance Group – responsible for action plan and implementation of recommendations from audit

Frequency of audit: Annual

Responsible person: ultrasonography team

Cross references

Maternity Hand Held Notes, Hospital Records and Record Keeping:

<http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Maternity/Maternity%20hand%20held%20notes%20and%20hospital%20records.pdf?timestamp=1538986494694>

References

<https://www.nice.org.uk/guidance/ng121/documents/evidence-review-17> (draft for consultation)

Chauhan, Suneet P et al. "Neonatal Morbidity of Small- and Large-for-Gestational-Age Neonates Born at Term in Uncomplicated Pregnancies." *Obstetrics and gynecology* vol. 130,3 (2017): 511-519. <https://doi:10.1097/AOG.0000000000002199>

Khambalia, A.Z., Algert, C.S., Bowen, J.R., Collie, R.J. and Roberts, C.L. (2017), Long-term outcomes for large for gestational age infants born at term. *J Paediatr Child Health*, 53: 876-881. <https://doi.org/10.1111/jpc.13593>

Khan, N., Ciobanu, A., Karampitsakos, T., Akolekar, R. and Nicolaides, K.H. (2019), Prediction of large-for-gestational-age neonate by routine third-trimester ultrasound. *Ultrasound Obstet Gynecol*, 54: 326-333. <https://doi.org/10.1002/uog.20377>

Molde´us K, Cheng YW, Wikstro¨m A-K, Stephansson O (2017) Induction of labor versus expectant management of large-for-gestational-age infants in nulliparous women. *PLoS ONE* 12(7): e0180748. <https://doi.org/10.1371/journal.pone.0180748>

Mendez-Figueroa, Hector Truong, Van Thi Thanh Pedroza, Claudia Chauhan, Suneet P. Large for Gestational Age Infants and Adverse Outcomes among Uncomplicated Pregnancies at Term. *Am J Perinatol*, 2017///34;07; 655-662: 07.12.2016, <https://DOI:10.1055/s-0036-1597325>

WEISSMANN-BRENNER, A., SIMCHEN, M.J., ZILBERBERG, E., KALTER, A., WEISZ, B., ACHIRON, R. and DULITZKY, M. (2012), Maternal and neonatal outcomes of large for gestational age pregnancies. *Acta Obstetrica et Gynecologica Scandinavica*, 91: 844-849. <https://doi.org/10.1111/j.1600-0412.2012.01412.x>

Author	Miss Shehrazad Halawa, Consultant Obstetrician and Gynaecologist, Derriford Hospital, Miss Danielle Morahan, Midwife Sonographer, Derriford Hospital	
Work Address	Maternity Unit, Derriford Hospital, Plymouth, Devon, PL6 8DH	
Version	2	
Changes	New guideline Scan for suspected LGA prior to glucose testing	
Date Ratified	April 2021	Valid Until Date April 2024