

Prediction of adverse outcomes in large-for-gestational-age (LGA) fetuses



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Objective: To predict LGA neonates associated with adverse perinatal outcomes

Methods:

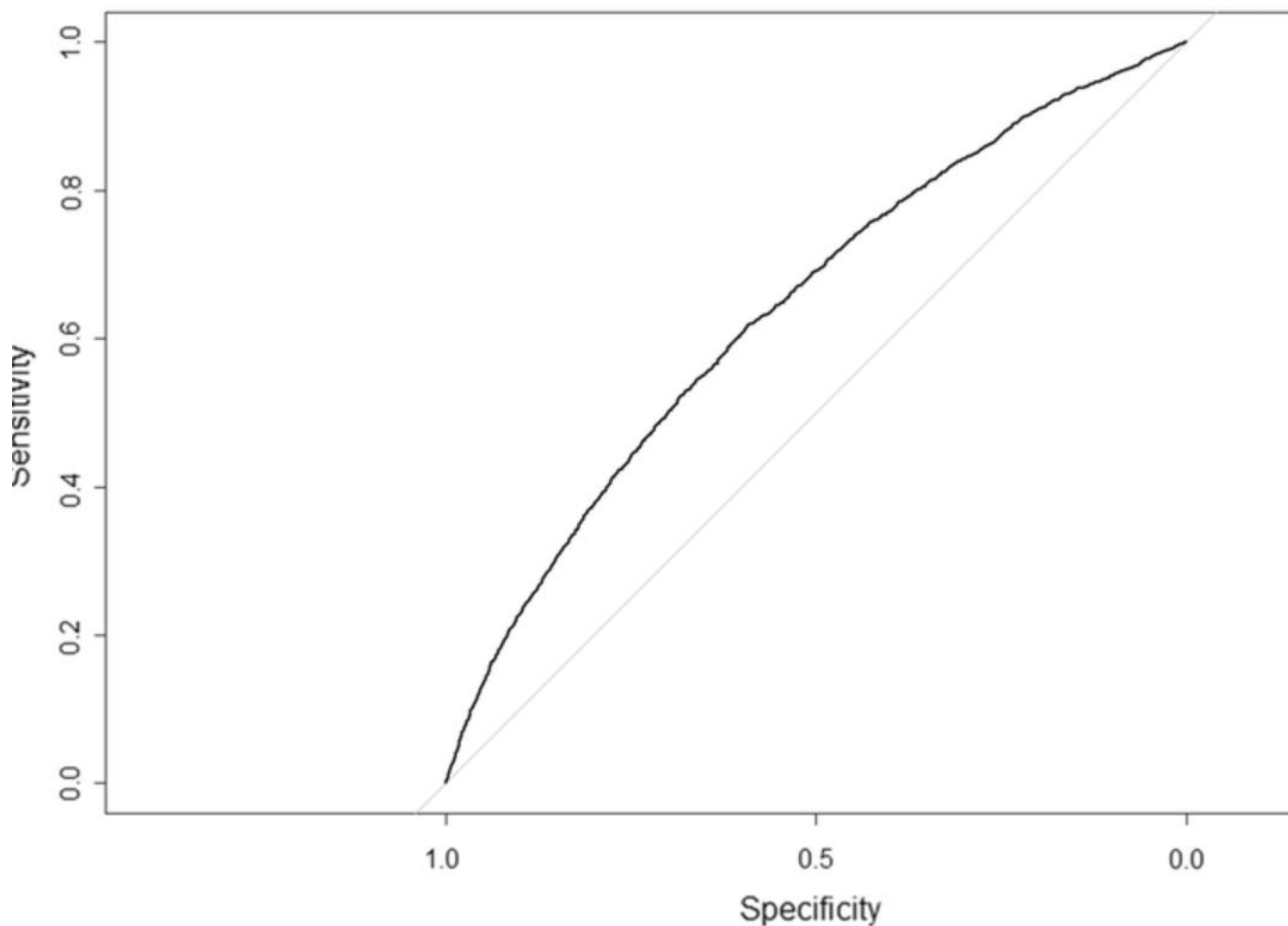
Population - Singleton pregnancies with birthweight >90th centile

Primary outcome - "LGA with adverse perinatal outcomes" (BW>90th centile +/- postpartum haemorrhage, maternal blood product transfusion, NICU admission> 48 hours, shoulder dystocia, hypoxic ischemic encephalopathy, intraventricular haemorrhage, hypoglycemia, meconium aspiration syndrome, seizures, respiratory distress syndrome, mechanical ventilation or neonatal death

Statistics - Logistic regression analyses and area under the receiver operating characteristic curve (AUROC)

Results: 2717 LGA neonates; 538 (19.8%) had adverse perinatal outcomes

Variable	aOR (95% CI)
Asian ethnicity	aOR 1.86 [1.29 – 2.69]
Nulliparity	aOR 1.95 [1.531 – 2.472]
First-trimester PAPP-A MoM	aOR 1.27 [1.1 – 1.47]
Trial of Labor	aOR 1.57 [1.34 – 1.82]



Conclusions: Nulliparity, Asian ethnicity, an elevated PAPP-A MoM and a Trial of Labor predict the risk of perinatal complication in LGA fetuses with a modest degree of accuracy.

