



## Objectives

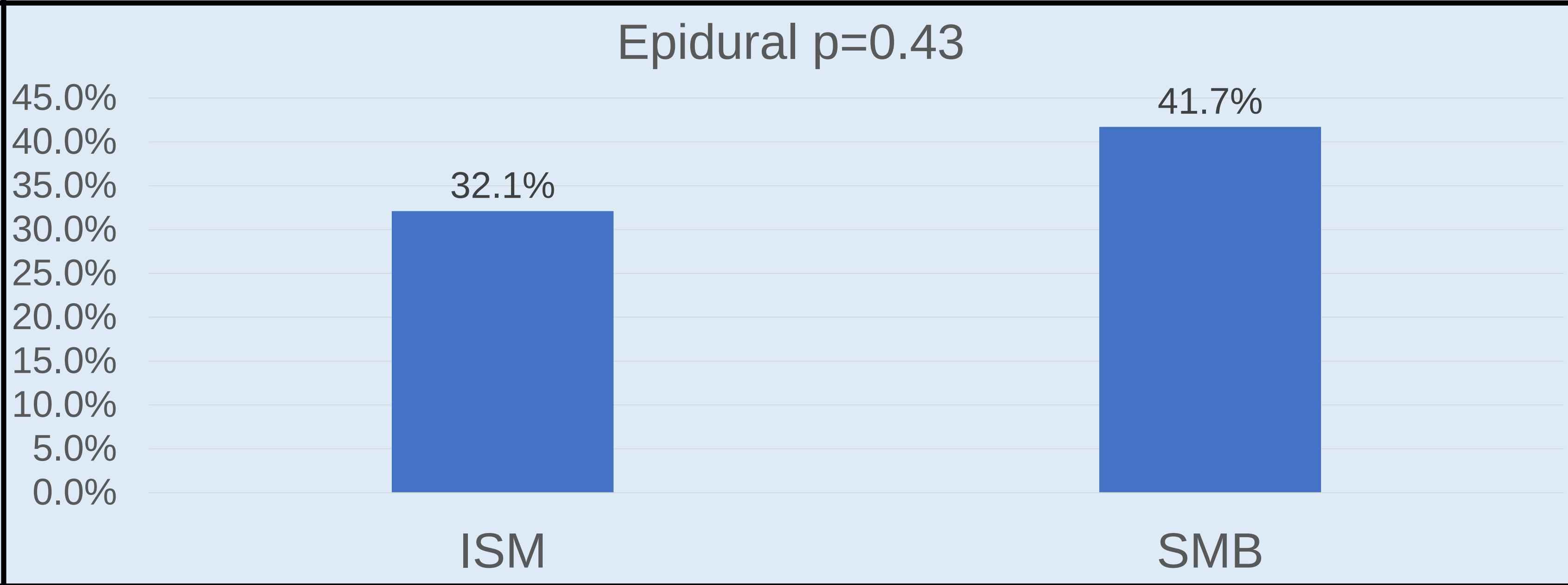
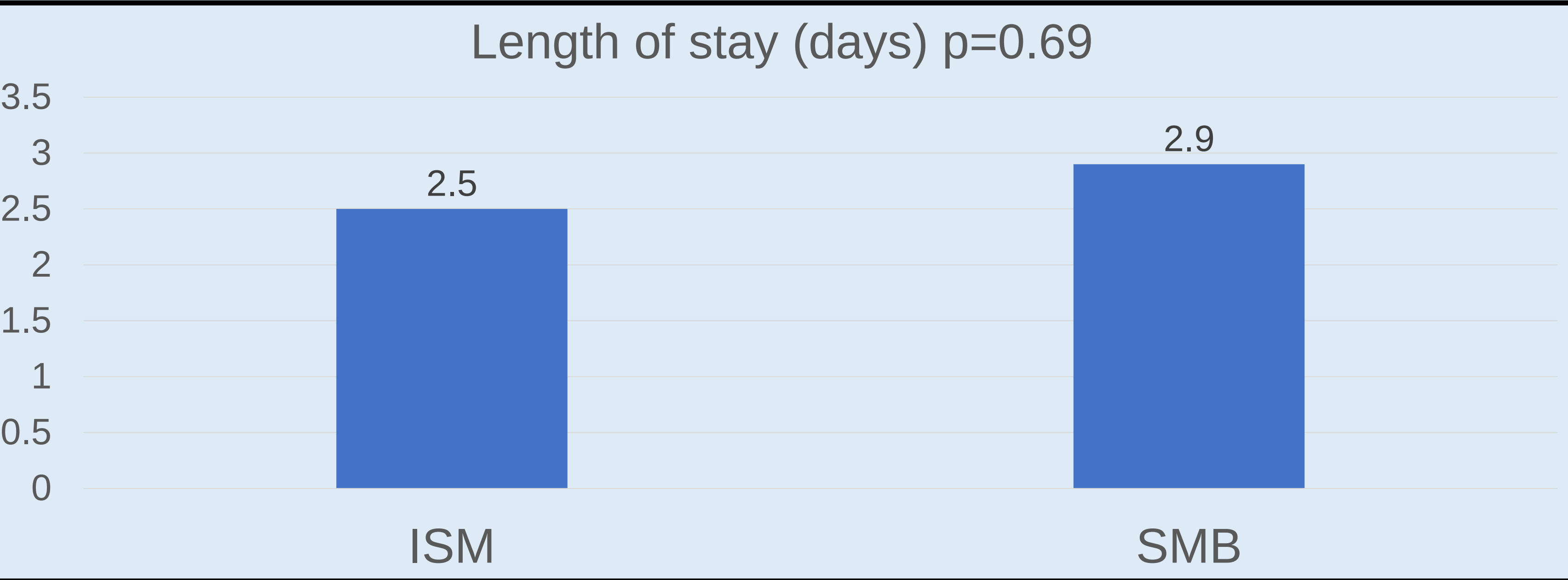
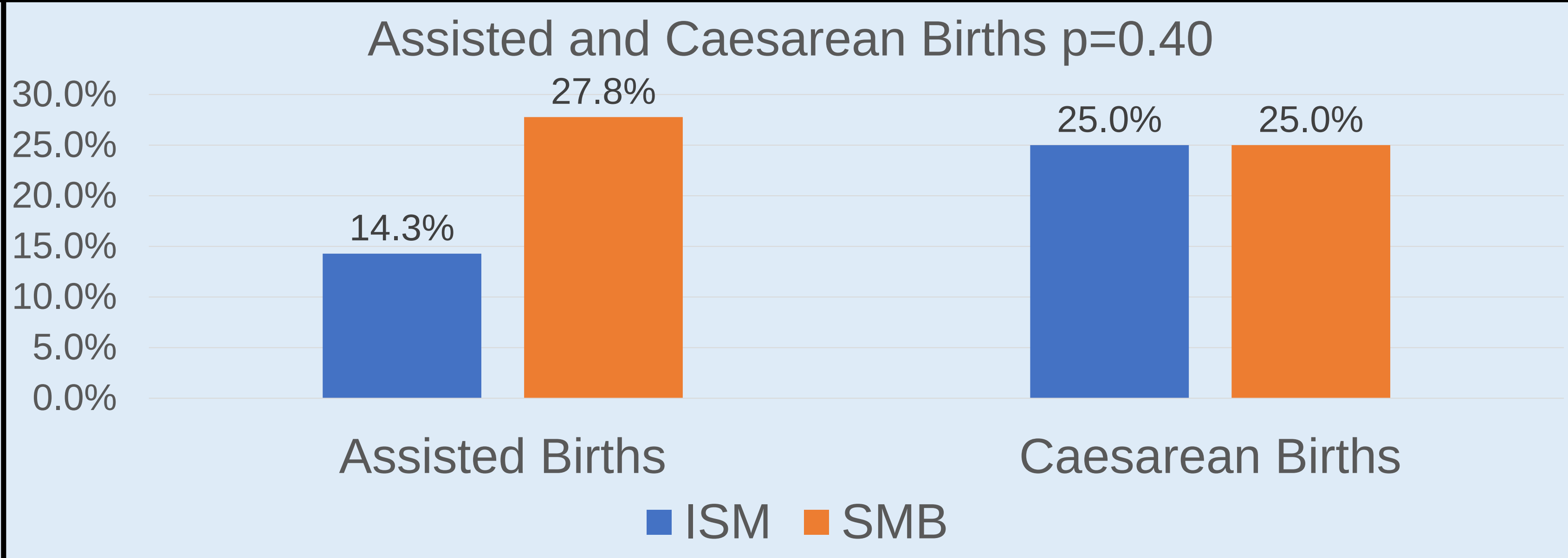
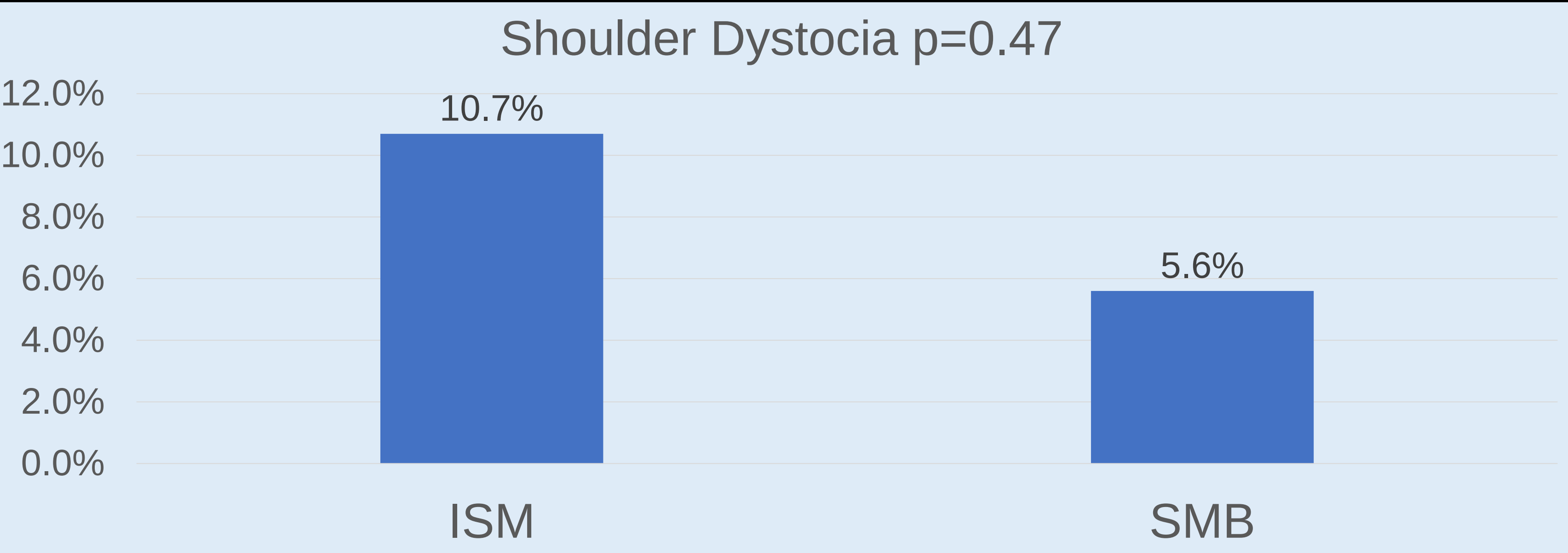
- To identify whether management of the suspected macrosomic baby is consistent with guidance from the National Institute of Clinical Excellence (NICE).
- To identify whether the outcomes for those women induced for suspected macrosomia (ISM) and those who labour spontaneously and deliver macrosomic babies (SMB) are in line with those published in guideline for ‘Induction of Labour (IOL)’ for suspected macrosomia.
- To test the hypothesis that routine induction for suspected macrosomia is not indicated (in keeping with NICE guidance).

## Method and Design

- Women who were induced for suspected macrosomia (ISM, n=28) were compared to those who spontaneously laboured and delivered macrosomic babies (SMB, n= 36).
- Pre-existing or gestational diabetes and elective caesarean births were excluded.
- Data were collected from analysing retrospective case notes for the time period July 2020- July 2021.
- Fisher’s exact tests and t-tests were used for statistical analysis.

## Results

- There were no 3rd or 4th degree tears, brachial plexus injuries or fetal deaths in either cohort.
- There was no statistically significant difference found between gestation, parity, blood loss, Apgar scores (1,5,10) or cord gases (arterial and venous).



## Conclusions

- The two populations showed similar characteristics.
- There was no convincing evidence to support routine ISM, nor evidence showing expectant management leads to poorer maternal or fetal outcomes.
- Although not statistically significant in this small study, we did find a greater proportion of SD in the ISM group. IOL is a known risk factor for SD.
- There was no statistically significant difference in the prevalence of caesarean and assisted births between the two cohorts.
- We believe, routine IOL for suspected fetal macrosomia is not indicated, and in the absence of gestational diabetes, expectant management is reasonable. This is in keeping with NICE guidance which suggests delivery decisions should be made on an individual basis, taking into account the woman’s preferences and circumstances.