

FETAL MACROSOMIA: PREVALENCE, RISK FACTORS AND FETO-MATERNAL OUTCOMES AT FMC, ABEOKUTA.

Objectives: This study was designed to determine the prevalence, the risk factors and feto-maternal outcomes in macrosomia.

Study design: The study was a retrospective observational study conducted at the Federal Medical Centre, Abeokuta, (FMCA).

Materials and methods: The post-natal ward records were reviewed to determine the total number of macrosomic babies delivered between January 1, 2015 and December 31, 2019. In this study, macrosomia was defined as a birth weight equal to or greater than 4000g. All macrosomic babies who were delivered at the facility were included in the study irrespective of the booking status of the mother and outcome of pregnancy. Approval to retrieve the case files of the patients who delivered macrosomic fetuses was obtained from the Head of the department of Medical records. The risk factors for macrosomia such as maternal obesity, diabetic disorders of pregnancy, previous history of fetal macrosomia, post-datism and fetal gender were also recorded. Maternal outcomes of interest that were assessed included the mode of delivery, blood loss at delivery, need for blood transfusion, shoulder dystocia and genital tract trauma. The fetal outcomes of interest including the Apgar score, birth trauma, neonatal morbidity and neonatal admission were retrieved from the neonatal intensive care unit.

Results: The total number of babies delivered during the period of study was 4920; of these, 124 were macrosomic. Thus, the prevalence of fetal macrosomia was 2.5%. Fetal macrosomia was highest in multiparous parturient n=104 (88%). The commonest age group was 30-34 years n=41 (35%). Fetal macrosomia was more in male fetuses n=62 (53%) than female foetuses n=56 (47%). The commonest risk factors identified were maternal body mass index greater than 30kg/m² at term n=82 (70%), post-datism n=61 (52%), pre-gestational diabetes mellitus n=6 (5%), gestational diabetes mellitus n=3 (2.5%) and previous history of fetal macrosomia n=3 (2.5%). The commonest maternal complication was post-partum haemorrhage n=5 (4.2%). The rate of caesarean section among women delivering macrosomic babies was n=82 (69.5%). The Apgar score at 5min was less than 7 in 3 neonates (2.5%). There was 1 stillbirth (0.8%). 2 neonates had congenital anomalies (0.8%). Respiratory distress was the commonest reason for neonatal admission (18%), followed by neonatal jaundice (13%) and presumed sepsis (8.4%).

Conclusion: Despite the associated fetal and maternal complications associated with macrosomia, the feto-maternal outcome is good if they are managed appropriately.