

Audit on the management of suspected Large for Gestational age (LGA) babies in NGH

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INTRODUCTION

LGA fetuses are those with birth weight >90th centile on a customized growth chart. LGA at birth can cause significant maternal and neonatal morbidity. We realized women in NGH were opting increasingly for induction due to suspected LGA and the birth weight of the babies were not always accurate as predicted by scan. 3rd trimester US have at least a 10% margin of error for actual birth weight and sensitivity of just 60% for detecting macrosomia.

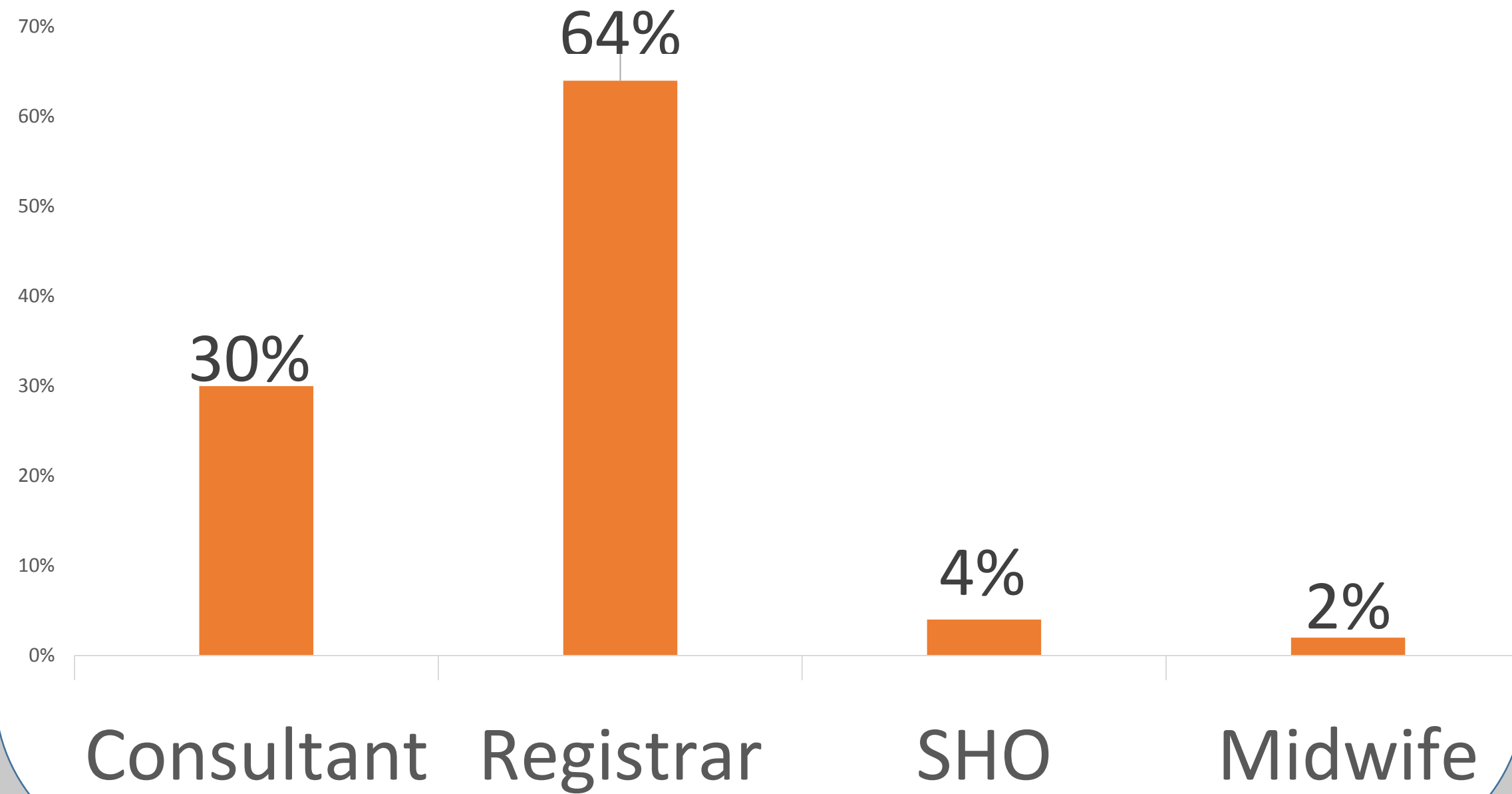
OBJECTIVE

- 1.To audit the antenatal management and counselling offered to the patients with suspected LGA and to look into feto-maternal outcome.
- 2.To study the margin of error in estimating fetal weight by ultrasound.
- 3.To compare our practice with the gold standard (NICE guidance and Cochrane review) and suggest changes.

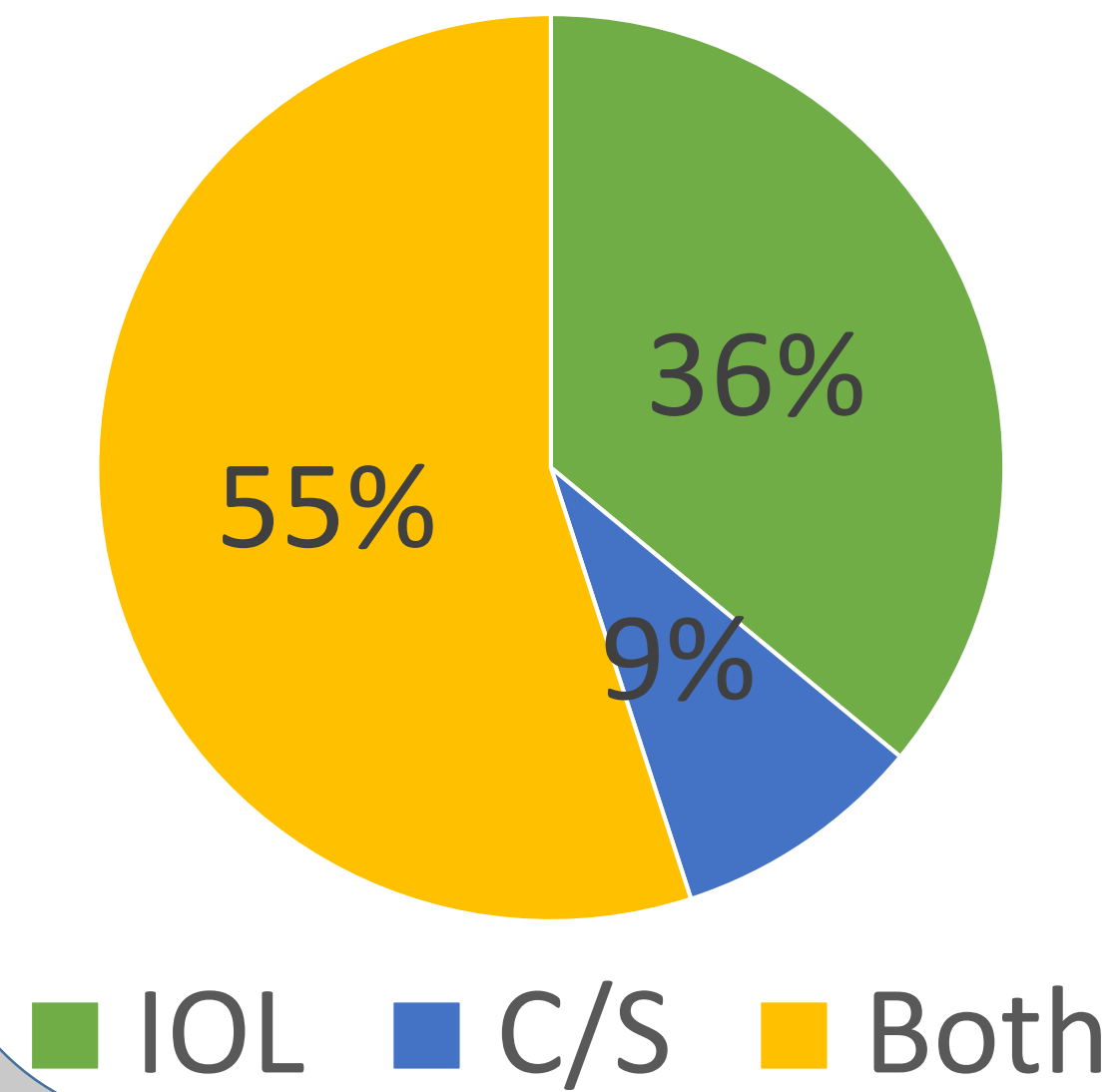
DESIGN AND METHOD

A retrospective assessment of 56 cases with suspected LGA identified by clinical coding was carried out over 3 months (Oct –Dec 2021). Exclusion criteria included any contraindication to vaginal delivery. Gold standard Margin of error in fetal weight estimation by ultrasound was calculated after comparing it with birth-weight.

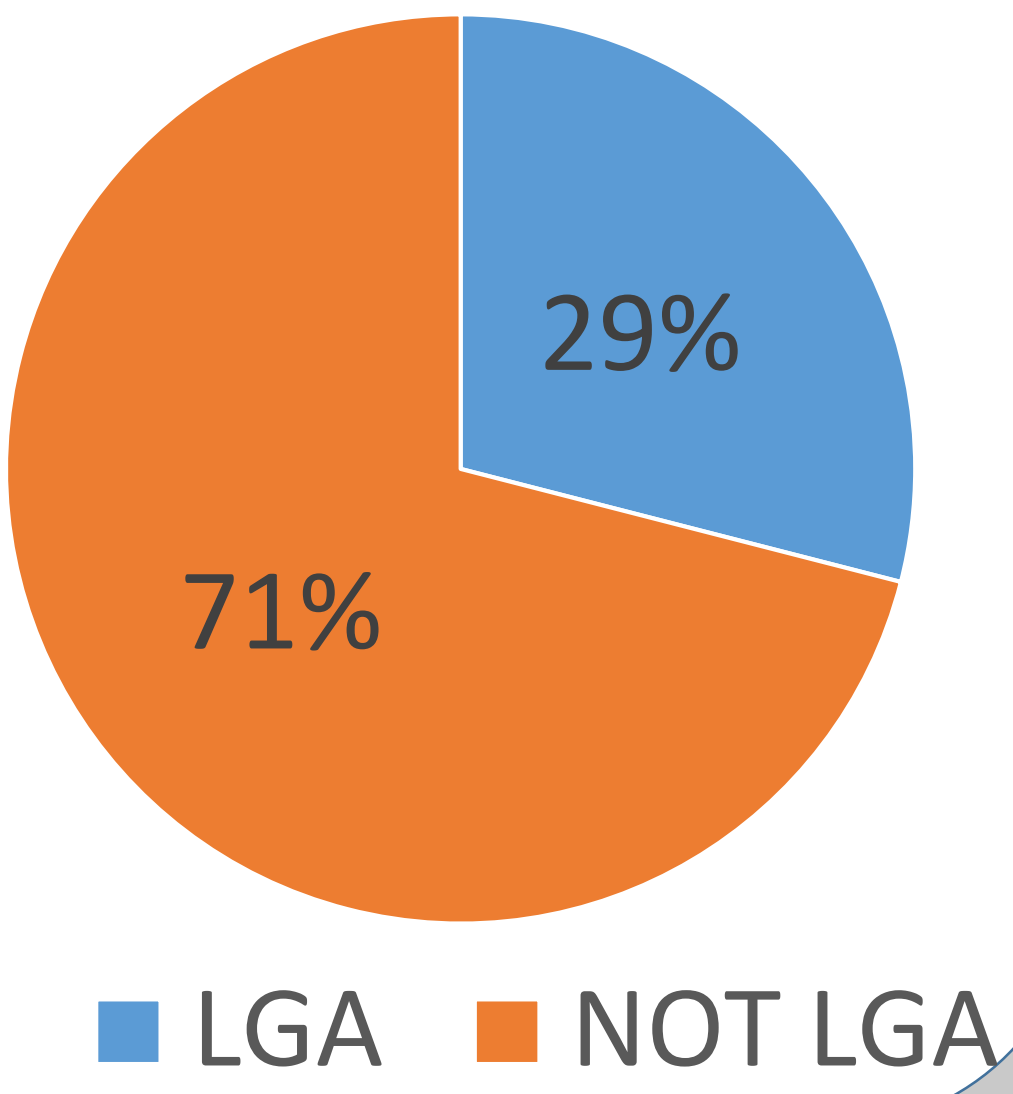
ANTENATAL REVIEW & COUNSELLING



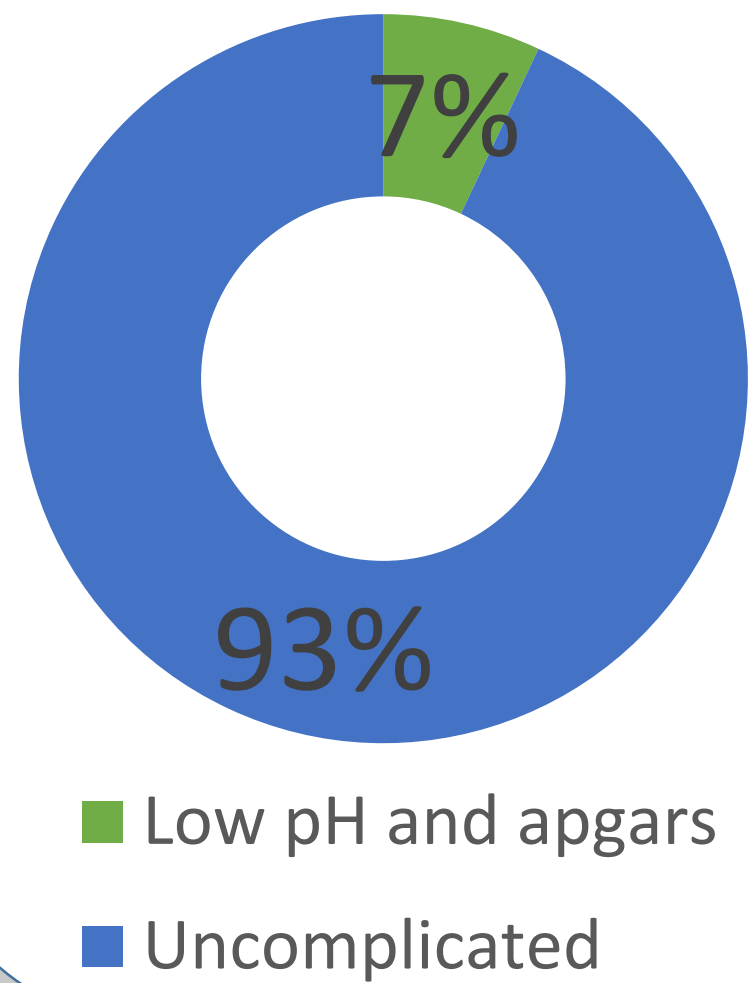
OPTIONS FOR DELIVERY



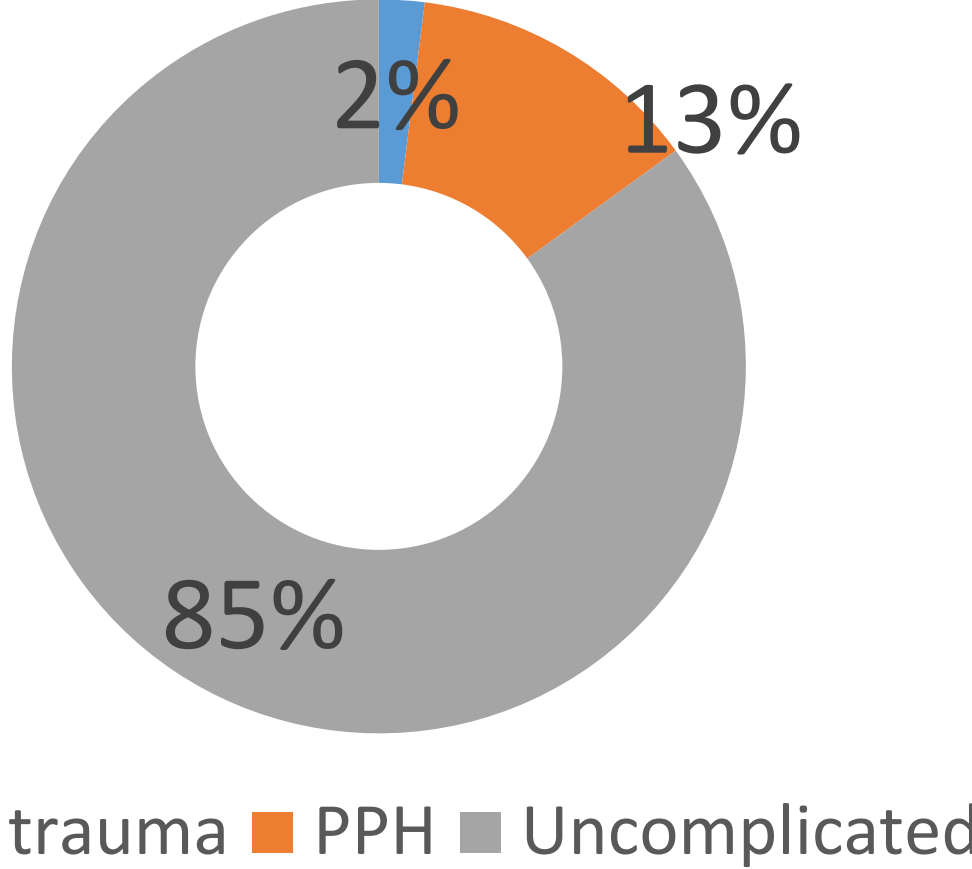
LGA AT BIRTH



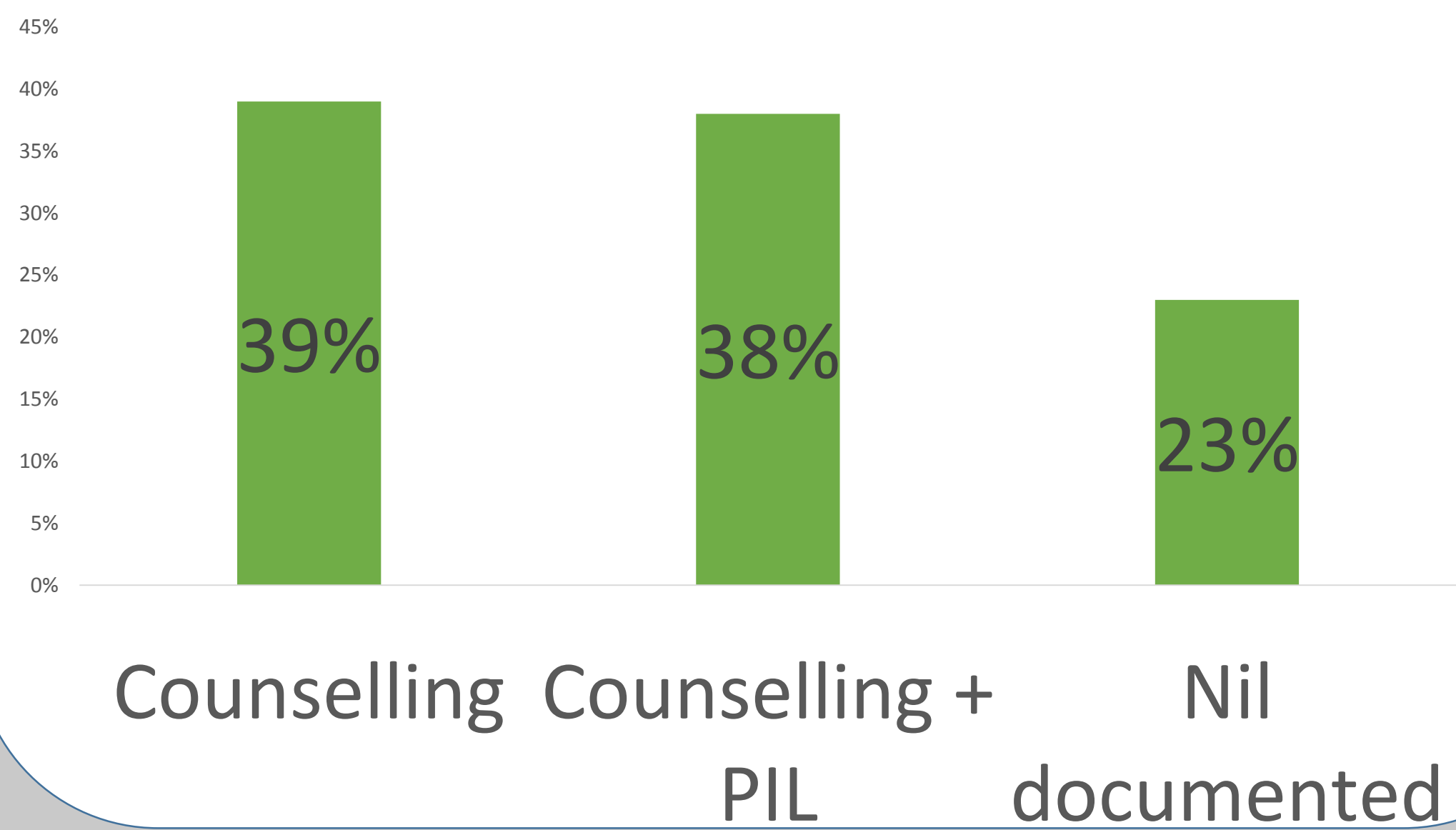
FETAL COMPLICATIONS



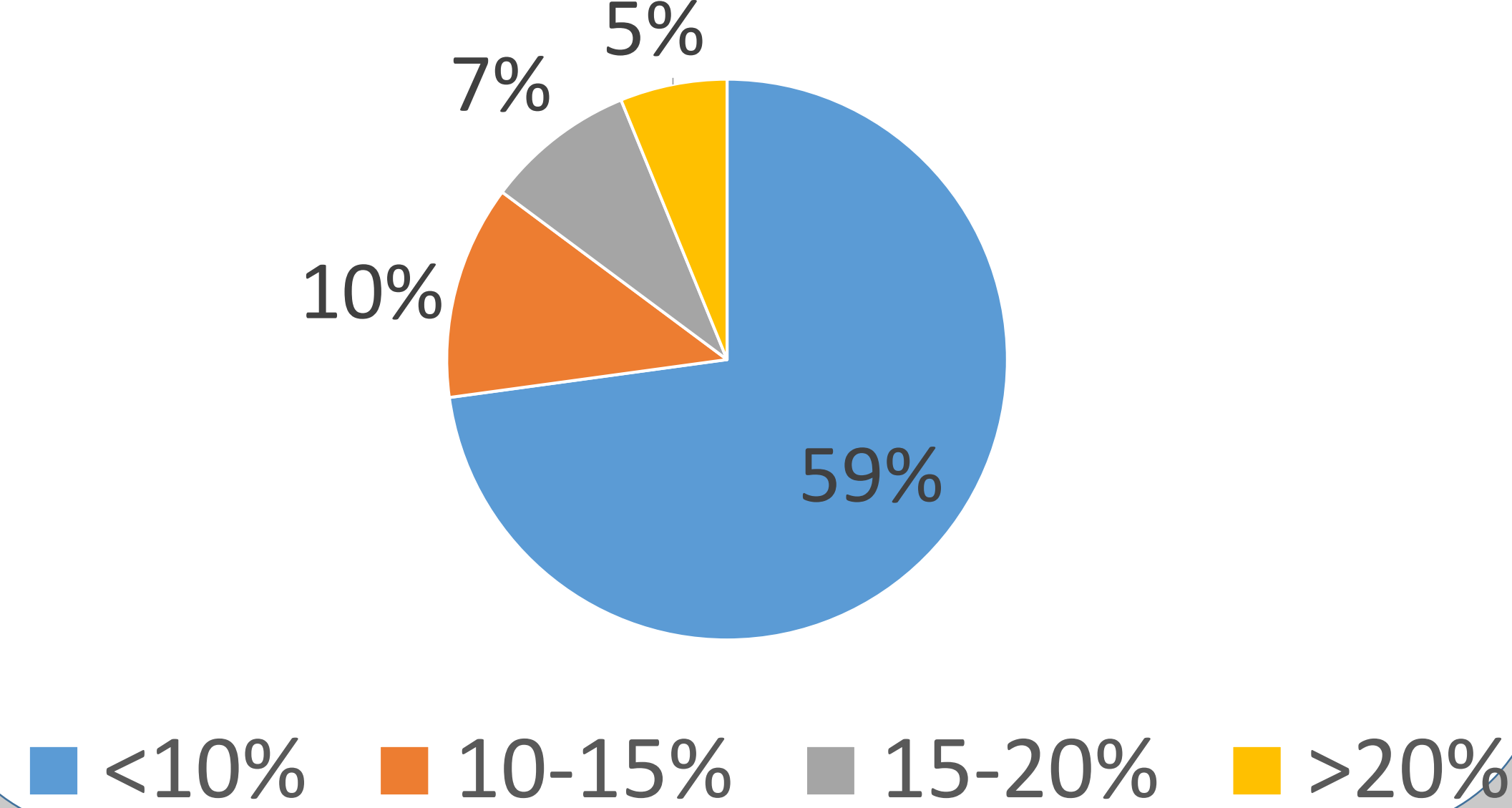
MATERNAL COMPLICATIONS



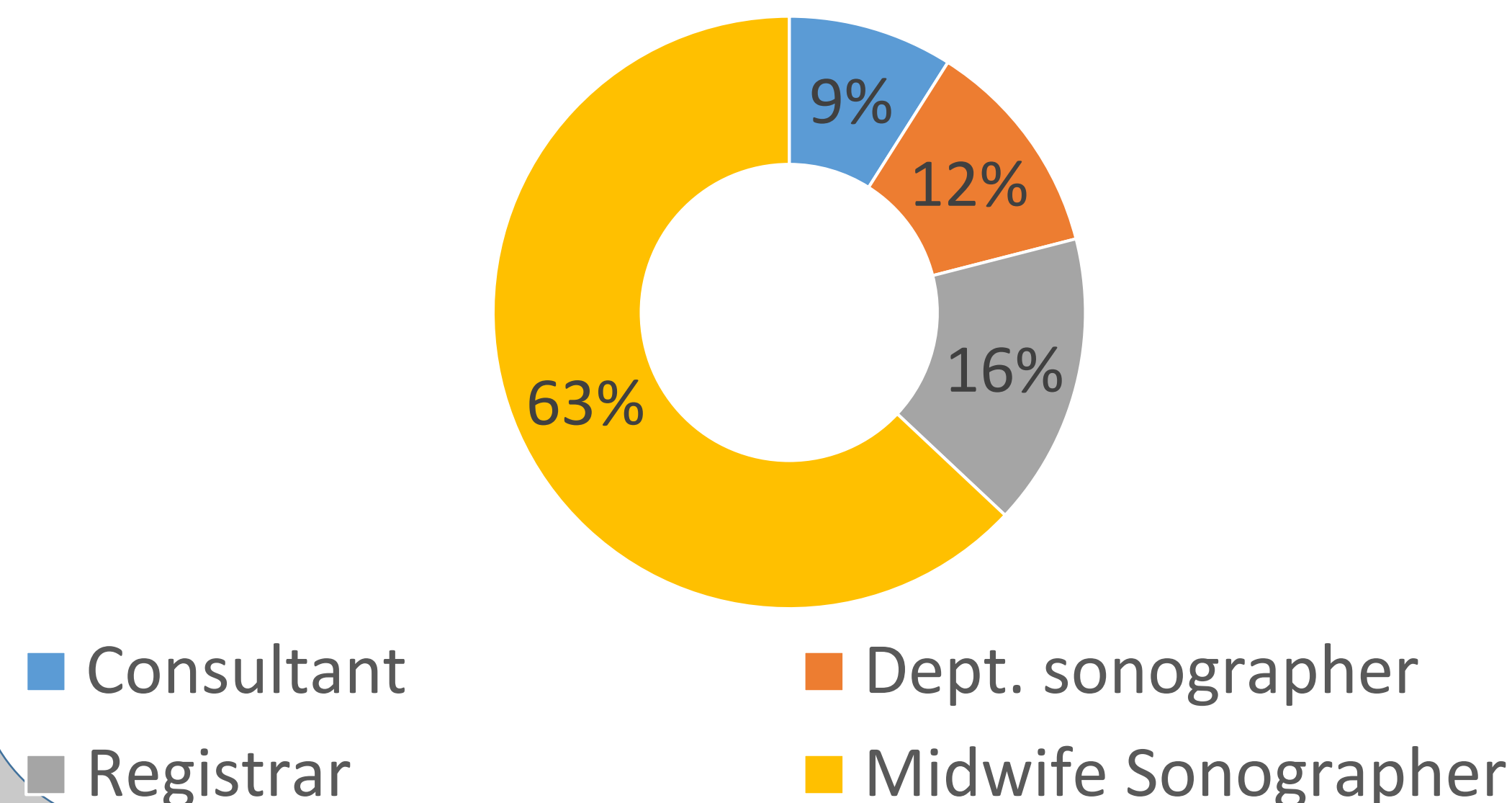
COUNSELLING+/- PATIENT INFORMATION LEAFLET(PIL)



MARGIN OF ERROR BETWEEN EFW AND ACTUAL BIRTH WEIGHT



SCANNED BY



R E S U L T S

CONCLUSION

- 1) All patients (100%) were appropriately referred for discussion of LGA implications and birthing options
- 2) 3/4 patients had documented evidence of counselling regarding LGA implications.
- 3) None of the patients were offered the option of expectant management.
- 4) 90% ultrasounds showed EFW within acceptable margin of error. Only 5% cases had significant margin of error.
- 5) Majority (71%) were not LGA at birth; this reiterates the significance of appropriate counselling given to women
- 6) None of the babies had adverse outcome

RECOMMENDATIONS

- 1) Devise Trust guideline on Management of suspected LGA.
- 2) Introduction of check list for LGA in the handheld notes which would comprise counselling on scan accuracy and LGA implications, ,administration of leaflets, and offer of all birthing options as per NICE guidance to help women make informed choice .
- 3) Annual quality assurance process for health professionals doing growth scans to maintain skills.
- 4) Re-audit after implementation of changes.

REFERENCES

- 1)Boulvain M, Irion O, Dowswell T, Thornton JG. Induction of labour at or near term for suspected foetal macrosomia. Cochrane Database of Systematic Reviews. 2016
- 2)NICE 2021-Appendix B: Risks and benefits of induction of labour compared to expectant management for suspected fetal macrosomia (in women without diabetes)