

Retrospective Audit of Macrosomia in A Regional Maternity Unit

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Introduction

Macrosomia can be defined by birth weight of 4kg and above. Macrosomia is associated with adverse outcomes including shoulder dystocia and post-partum haemorrhage which may be prevented by induction of labour.

Method

A retrospective audit was conducted in maternity patients admitted between June and December 2023 who delivered neonates with a birth weight of 4kg and above. Information including antenatal scan results, antenatal progress notes, documentation of discussion of macrosomia and delivery planning and relevant maternal outcomes were obtained from the Electronic Medical Record software.

Aims

To examine the rate of macrosomia (birth weight 4kg and above) in this maternity unit and the rate of antenatal detection of macrosomia, study the relevant maternal outcomes, and identify opportunities for improvement in detection and management of LGA.

Results

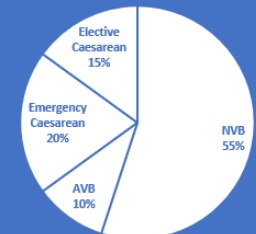
- There were 40 deliveries with a birth weight of 4kg and above
- The rates of NVB, AVB, emergency Caesarean and elective Caesarean were 55%, 10%, 20% and 15% respectively, and the majority (57.5%) at 40 weeks gestation or later
- 60% of these cases were not identified as suspected macrosomia antenatally and hence induction not offered
- 9 of these patients were offered induction of labour
- Shoulder dystocia occurred in 4 patients (10%) and the incidence of PPH was 30%
- Prevalence of OASI was 5% (2 out of 40)

LGA IDENTIFIED?

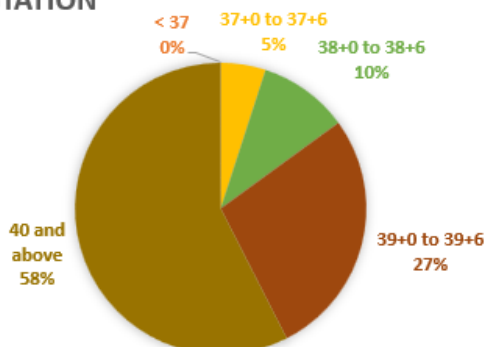
■ Yes ■ No ■ Unknown



MODE OF DELIVERY



GESTATION



Discussion and conclusions

The results show that most cases of macrosomia were not suspected antenatally, and as a result the window of opportunity for delivery planning earlier than term was missed, leading to high rates of deliveries at full term or later. This reflects the challenges of identifying all cases LGA clinically and sonographically.