

FETAL MACROSOMIA

GENERAL COMMENTS: EXCESSIVE BIRTH WEIGHT IS ASSOCIATED WITH INCREASED RISK OF MATERNAL AND NEONATAL INJURIES

MACROSOMIA: ANY FETUS WITH EFW GREATER THEN 4500GM IN UTERO

DIAGNOSIS OF MACROSOMIA:

BIRTH WEIGHT DETERMINED BY LEOPOLDS AND UTERINE MEASUREMENT OFF BY 1 POUND (500GMS) >50%-80% OF THE TIME

ULTRASOUND IS NOT A MUCH BETTER PREDICTOR OF FETAL WEIGHT WITH 35% OF BABYS WEIGHTS LESS THEN 4000GM WHEN U.S. SAID WERE MACROSOMIC
U.S CAN NOT BE USED INDEPENDENTLY TO DEFINE MACROSOMIA WITH ANY DEGREE OF ABSOLUTE ACCURACY SO MUST FIT WHOLE CLINICAL PICTURE

FACTORS INFLUENCING FETAL WEIGHT

POST TERM PREGNANCIES (42 weeks) 20% MACROSOMIA

MATERNAL WEIGHT BEFORE PREGNANCY (90KG) 35% MACROSOMIA

MULTIPARITY 2-3X MORE LIKELY TO HAVE MACROSOMIA

PRIOR MACROSOMIC INFANT

MALE SEX 70% MACROSOMIC INFANTS ARE BOYS

MOTHERS BIRTH WEIGHT THE HIGHER HERS ONE THE GREATER THE CHANCE OF MACROSOMIA

MATERNAL DIABETES GIVEN THE DIFFICULTY DETERMINING FETAL WEIGHT AND THE INCREASED EVIDENCE THAT SHOULDER DYSTOCIA IS MOST COMMON IN A DIABETIC PATIENT EITHER GESTATIONAL OR PREGESTATIONAL. IF THE CLINICAL ESTIMATION OF WEIGHT IN THESE PATIENT IS GREATER THAN 4500 GMS C/S SHOULD BE DONE

A REVIEW OF THE LITERATURE INDICATES THAT ABNORMALITIES OF LABOR SECOND STAGE OF GREATER THAN 2 HOURS IN NULLIPAROUS PATIENT AND GREATER THAN 1 HOUR IN MULTIPAROUS PATIENT AT ANY STATION IS THE BIGGEST FORECASTER OF SHOULDER DYSTOCIA THEREFORE IF THIS HAS HAPPENED AND YOU CONTEMPLATE USING OPERATIVE DELIVERY ON THIS FETUS IT IS VERY IMPORTANT THAT YOU ESTIMATE FETAL MACROSOMIA

RISK FACTORS

CLINICAL WEIGHT DETERMINATION

U.S WEIGHT DETERMINATION IF AVAILABLE

USING ALL THREE INFORMATION SOURCES

IF THE PATIENT HAS HIGH RISK FACTORS PARTICULARLY DIABETES AND IS JUDGED TO BE MACROSOMIC CLINICALLY OR BY ULTRASOUND DO NOT ATTEMPT FORCEPS OR VACUUM EXTRACTION BUT PROCEED TO C/S