Information Leaflet

NHS
Liverpool Women's
NHS Foundation Trust

Fetal Growth Clinic: When your baby is smaller than expected

Why have I been referred to the Fetal Growth Clinic?

You have recently had an ultrasound scan to estimate the weight of your baby. Your baby weighs less than expected when plotted on your customised growth chart. Your customised growth chart is specific for your height, weight and ethnicity to make this assessment more accurate.

How do we monitor the growth of your baby?

Early in pregnancy, your midwife or doctor will identify if you have risk factors for having a small baby, such as; smoking, current or previous problems with raised blood pressure, have had a previous small baby. If this is the case ultrasound scans will be arranged for you during your pregnancy to measure the growth of your baby.

If your pregnancy is assessed to be low-chance for growing a small baby your midwife will measure your bump at every antenatal visit from 24-28 weeks gestation. This measurement will be plotted on your customised growth chart. If, when plotting the measurement on this chart your baby appears smaller than expected, you will be referred for an ultrasound scan.

The measurement of your bump may not be accurate for some women particularly those who are overweight, if your baby is lying in a sideways position and for those with known fibroids in the uterus. For these women ultrasound scans will be arranged to measure the size of your baby.

What happens at my ultrasound scan?

At your ultrasound scan appointment, your baby will have measurements taken of its head, tummy (abdomen) and leg (femur) and from this its weight will be estimated. This weight

will be compared against how many weeks pregnant you are (gestation) on your customised growth chart. You will also have measurements taken of the blood flow (Doppler) in your baby's umbilical cord, brain and sometimes the liver. On your first visit you will also likely have the blood flow in your vessels that supply your womb with blood (uterine arteries) measured.

What do we mean when we say your baby is small?

A baby which is small for gestational age (SGA) measures in the lowest 10% of average ultrasound scans, below the bottom black line (10th centile) on the growth chart. 9/10 babies would measure larger at the same point in pregnancy. However, most of these babies are healthy during pregnancy, delivery and afterwards are like babies who are not SGA. These babies usually continue to put on a good amount of weight throughout the pregnancy and have no problems with the blood flow measurements on the scans. However, in some cases it could be that your baby is not growing as well as they should - this is called fetal growth restriction (FGR). This is often due to the placenta not working as well as it should to support your baby's growth. These babies are often below the 3rd centile (bottom grey line) and/or have problems with their blood flow measurements. In a small number of cases genetic problems in the baby or infections can cause FGR.

How will my baby and I be monitored during pregnancy?

If your baby is SGA then you will be invited to have an ultrasound scan every 2-3 weeks to monitor your baby's growth, amount of fluid around them (amniotic fluid volume) and blood flow. This may be in the Fetal Growth Clinic, Main Ultrasound Department or Maternity Assessment Unit.

If your baby has FGR then you will be invited to have more frequent ultrasound scans. After each scan, we will explain the findings and discuss when we need to assess your baby again. In addition to monitoring your baby's growth and blood flow we sometimes also do a test called a computerised cardiotocography (CTG). This helps us assess the baby's wellbeing in more detail. It is also important for you to keep seeing your midwife regularly so they can regularly check your blood pressure and test your urine.

What can I do to help?

We want to reassure you that in most cases there is nothing you have done or could have done differently to have changed the situation. It is not because you aren't eating and drinking enough. We advise all pregnant women to have a healthy, balanced diet and stay active. Smoking can cause problems with the placenta and can cause babies to be small. If you do smoke, stopping or cutting down as much as you can is the most positive thing you can do to help your baby be healthier during pregnancy and after birth. We understand that it can be incredibly difficult, but we can support you to stop, just speak to one of the doctors or midwives.

We will ask you to pay close attention to your baby's movements, this is very important. If your baby's movements are less than normal (in strength or frequency) or their usual pattern changes (e.g. moving at night) we want you to come to the hospital to get checked over. Please call Medical Admissions Unit (MAU) on: 0151 702 4413 and they will invite

you in. Please don’t leave it until the next day, it is important you come and get checked out when you are concerned.

Will I need to have my baby before my due date?

SGA babies with no other concerns can safely be delivered between 38 - 39 weeks. It is safe to aim for a vaginal birth and we recommend ‘starting off’ labour early (an induction of labour) if you have not already gone into labour by then. If your baby is very small, but with normal blood flows, we may suggest for you to have your baby between 37-38 weeks. If there are concerns with the blood flow to your baby from the placenta we will explain when we think the safest time to deliver your baby is. We may suggest a caesarean section if we have concerns your baby may not cope with labour contractions and may give you steroids to help prepare baby’s lungs for birth.

If it is likely your baby will need specialist care from our neonatal team after birth, we will ask the neonatal doctors to talk to you to allow you to ask questions and offer you a tour of our Neonatal Unit before birth.

How can being SGA affect my baby?

How your baby is after delivery is linked to how early they are born, how small they are and whether there are any other complications. The neonatal team will decide whether your baby needs to be admitted to the neonatal unit. If your baby does need admission, you will be able to be with them as much as you want. Your baby will get the best possible care and support. It isn’t possible to say before delivery what exactly your baby will need and how long your baby will need to stay in the neonatal unit, this is different for each baby. The team will assess how they are coping and will regularly discuss their progress with you and plan when they are ready to go home. Generally, babies born at later gestations tend to need less specialist care and need to be kept in hospital for shorter amounts of time. SGA babies also tend to need less care than FGR babies. However, we will not send a baby home unless the team responsible for both you and your baby’s care feel it is safe to do so.

Being born SGA can make it harder for your baby to feed well, maintain a normal body temperature and blood sugar levels. Most SGA healthy babies do very well but may need a little bit of extra care initially. The midwife looking after your baby will ensure that your baby gets the best monitoring after birth.

In rare cases, your baby may have FGR identified early in the pregnancy, which in some cases may be so severe as to prevent your baby being born alive or increase the chance of baby not surviving after birth. We understand that some of these discussions can be very difficult, and we will provide close support. Babies with severe early-onset FGR can have a very difficult time on the neonatal unit and have long-term health concerns such as cerebral palsy or learning difficulties and may have special educational needs

It is not possible to predict if your child will have any of these complications when in the womb or soon after birth and long term follow up by GP or paediatrician is required. The goal of your team will normally be to delay delivery for as long as is safe to do so as all the complications mentioned are reduced by being born later in the pregnancy.

How will this affect future pregnancies?

Having an SGA baby may increase your chances of having another SGA baby in the future. Overall, the chance of a future SGA baby is probably about one in three, and if it does occur, it tends to follow a similar pattern.

In the next pregnancy after a baby with SGA you will be closely monitored with additional scans. If your baby was diagnosed with FGR you will be offered aspirin in future pregnancies to reduce the chance of this happening again. A healthy lifestyle, optimising your body weight for height and stopping smoking may reduce this risk even further.

What to do if you have any questions or concerns

If you have any questions, please contact the Fetal Medicine Unit (0151 702 4072) we will do our best to answer them. If you are concerned about your baby's movements or if you experience any bleeding, abdominal pain or concern your waters have gone please call MAU on 0151 702 4413.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

Liverpool Women's NHS Foundation Trust
Crown Street
Liverpool
L8 7SS

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