

# Having a small baby

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## What is meant by a small baby during pregnancy?

An unborn baby is small if, at that stage of pregnancy, his or her size or estimated weight on scan is in the lowest 10% of babies. This means the smallest ten out of every 100 babies.

## What affects my baby's birthweight?

Some babies are small because their parents are small. Other babies have not received enough nutrients and/or oxygen to grow as expected during pregnancy.

This is referred to as fetal growth restriction (FGR). This may begin at any time in pregnancy and be due to many reasons, including the following:

### **Mother:**

- high blood pressure
- chronic kidney disease
- diabetes
- heart or lung disease
- malnutrition
- anaemia
- smoking and/or alcohol use etc.

### **Placenta:**

- decreased blood flow in the placenta
- placental abruption (placenta separates from the uterus).

### **Baby during pregnancy:**

- multiple pregnancy (for example, twins or triplets)
- infection
- birth defects
- genetic condition.



## Can I do anything to reduce the risk?

Some of these risks cannot be changed, but some can.

- Reduce or quit smoking – your midwife can refer you for support to help you stop smoking.
- Do not use recreational drugs.
- Leading a healthy lifestyle and eating healthily reduces the risk of having a small baby.
- If you are at increased risk of pre-eclampsia, you may be advised to take Aspirin (150 mg once a day) from 12 weeks of pregnancy until your baby is born.

## What does being small mean for my baby?

If your baby is small but healthy, he or she is not at increased risk of complications.

If your baby is growth restricted, there is an increased risk of stillbirth (the baby dying in the womb), serious illness and dying shortly after birth.

Most babies affected by infection or by developmental or genetic problems have severe growth restriction and are usually detected early.

Once your healthcare team has identified that your baby is small, you will be offered extra monitoring to keep an eye on your baby's growth and wellbeing.

## If my baby is small or not growing, what other tests may I be offered?

Ultrasound - Umbilical artery Doppler – this measures the flow of blood through the umbilical cord and measuring the amount of amniotic fluid around your baby.

Cardiotocograph (CTG) – this is a tracing of your baby's heart rate.

## When is the best time for my baby to be born?

This will depend on how affected your baby's growth appears to be, and on the Doppler measurements.

The scans will help your team decide whether it is better for your baby to be born early or safer for you and your baby to continue your pregnancy longer.

If your baby is growing and the Doppler tests are normal, it is usually best to wait until you are at least 39 weeks pregnant unless your baby has stopped growing or the weight is below 3rd centile then usually will be delivered at 37 weeks.

This can be earlier if we are worried about your baby's health.

### **Is there any other treatment I should have?**

Depending on the timing of birth and the way you are going to have your baby, you may be offered a course of corticosteroids over a 24–48 hour period.

This is to help your baby's development and reduce the chance of breathing problems after birth.

We may also offer you magnesium-sulfate as this can provide direct neuroprotective effects to your baby's brain if needs delivery before 34 weeks.

### **How will I have my baby?**

If there are no other complications, you may be able to have a vaginal birth.

Your baby will be monitored closely during labour. However, if the umbilical artery Doppler measurements are abnormal, your doctor may recommend that your baby be born by caesarean section.

### **What do I do if I have concerns or further questions?**

Talk to your midwife, who should be able to help. You can also ask to speak to your team of doctors and midwives at your maternity unit. Please feel free to discuss with one of our Fetal Medicine team who will be able to answer your questions.

### **Further Information:**

- [www.rcog.org.uk](http://www.rcog.org.uk)

Telephone: 01302 366666.

### **Patient Advice & Liaison Service (PALS)**

The team are available to help with any concerns, complaints or questions you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

#### **The contact details are:**

**Telephone:** 01302 642764 or 0800 028 8059

**Email:** [dbth.pals.dbh@nhs.net](mailto:dbth.pals.dbh@nhs.net)

