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**Evaluation and management of Big Baby (Macrosomia)**

1. **Definition**:

Macrosomia is the medical term for Big Baby. Macrosomia is defined as birth-weight over 4000 grams (8lbs., 13 oz.) (Mohammadbeigi et al. 2013). Others say a baby with a birth-weight of 4,500 grams (9lbs., 15 oz.) is a big baby. (Rosue et al. 1996). According to Hehir et al. 2015) birth-weight more than 5,000 grams (11lbs.) is defined as extremely large baby.

* **Assessment** R**isk Factors**

Birthing a big baby increase the risk for shoulder dystocia, brachial plexus injury, skeletal injuries, meconium aspiration, prenatal asphyxia, hypoglycemia, and fetal death are reported to be associated with macrosomia. (Mohammadbeigi et al. 2013).

* **Subjective Symptoms**

There are two factors to suggest a birthing will increase the risk for a big baby, gestational diabetes and fasting blood (Mohammadbeigi et al. 2013).

* **Objective Signs**

Signs the body is experiencing high glucose in the blood that can lead to gestational diabetes.

* Sugar in urine (revealed in a test done in your doctor’s office)
* Unusual thirst
* Frequent urination
* [Fatigue](https://americanpregnancy.org/your-pregnancy/fatigue-during-pregnancy/)
* [Nausea](https://americanpregnancy.org/pregnancy-health/nausea-during-pregnancy/)
* Frequent vaginal, bladder, and skin infections
* Blurred vision (American pregnancy association 2021)
* **Clinical Test Considerations**

Around screening test during your second trimester between 24 and 28 weeks of pregnancy.

* + - * Depending on your provider the birthing person may be asked to take the Initial glucose challenge test and the Follow up glucose tolerance testing.
      * The Initial glucose challenge test includes:
        + The birthing person will be asked to drink a syrupy glucose solution or 28-jelly beans contain the equivalent amount of glucose as the glucola drink. (Lamare et al. 1999) One hour later, you'll have a blood test to measure your blood sugar level. A blood sugar level of 190 milligrams per deciliter (mg/dL), or 10.6 millimoles per liter (mmol/L) indicates gestational diabetes.
      * In the follow up glucose tolerance testing is the similar as the first previous test. The solution will have even more sugar and your blood sugar will be checked every hour for three hours. If at least two of the blood sugar readings are higher than expected, you'll be diagnosed with gestational diabetes. (Mayo clinic. 2020)

1. **The management plan**

* **Therapeutic measures to consider**
  + - The treatment for gestational diabete may included:
      * Blood sugar monitoring
      * Medication if needed
      * Lifestyle changes
* **Complementary measures to consider**

What might you suggest to support normalization,

healing and health?  This should be a CPMs area to show knowledge. (i.e. herbs, homeopathy,

massage, reflexology, acupressure, emotional release, hydrotherapy, vitamins & minerals)

* **Considerations for pregnancy, delivery and breastfeeding** Longer term considerations,

planning. Potential outcomes/ Implications for maternal-fetal-newborn in the childbearing year.

* **Client and family education**

What does your client need to know about this disease or

condition? You might include screening guidelines here, immunization options, shared decision-making initiatives, names of documents you may offer (such as client handout or informed Consent document) enhanced self-care instructions.

* **Follow-up**

Retesting guidelines, later clinical indications, recommendations for further care.

Any mandatory reporting for this condition? Peer review?

1. **Indications for Consult, Collaboration or Referral** When might you seek the assistance of another provider? Provide a clear line of what is appropriate for your care, and what is not... consider your restrictions, scope, laws, rules, etc...  Mandatory reporting (minor abuse, substance abuse, fetal demise, STDs)?
2. **References**

1. American Pregnancy Association,. *Gestational diabetes*. American Pregnancy Association.

<https://americanpregnancy.org/healthy-pregnancy/pregnancy-complications/gestational-diabetes/>

2. Cunningham, F. G., Leveno, K. J., Bloom, S. L., Dashe, J. S., Hoffman, B. L., Casey, B. M., & Spong, C. L. (2018). *Williams Obstetrics Twenty-Second Ed.* *Ch. 52.* McGraw-Hill Education.

3. Bethesda. *Gestational diabetes.* National Library of Medicine (US). <https://medlineplus.gov/ency/article/000896.htm>

4.Mayo Clinic Staff. (2020, Aug. 26). *Gestational diabetes.* Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/gestational-diabetes/diagnosis-treatment/drc-20355345>

Lamar, M. E., Kuehl, T. J., Cooney, A. T., Fayle, L. J., Holleman, S., & Allen, S. R. (1999).Jelly beans as an alternative to a fifty-gram glucose beverage for gestational diabetes screening. *American Journal of Obstetrics Gynecology, 181*(5), 1154-1157. <https://doi.org/10.1016/S0002-9378(99)70099-2>