

Small for gestational age baby

(Small size baby for the number of weeks of pregnancy)

This information sheet aims to answer some commonly asked questions about small for gestational age babies.

IMPORTANT: This is general information only. Ask your doctor or midwife about what care is right for you.

What is small for gestational age (SGA)?

SGA refers to the small birth size of a baby. For a baby who is SGA their birth weight is within the lightest 10% of birth weights for all babies born at the same number of weeks of pregnancy (gestation). That is, a baby who is SGA is smaller than 90% of babies born at the same number of weeks of pregnancy.

Babies who are SGA and born at term (37 or more weeks of pregnancy) are usually well and as well developed as other term babies with an average weight. However, they are at risk for some problems as described below. Babies who are SGA and premature (born at less than 37 weeks) will require more care than a term baby who is SGA. The extra care requirements related to premature birth are not discussed in this information sheet.

What causes a baby to be SGA?

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) or intra-uterine growth restriction (IUGR). This may begin at any time in pregnancy and be due to many reasons, including the following:

- **Mother:**
 - high blood pressure
 - chronic kidney disease
 - advanced diabetes
 - heart or lung disease
 - underweight, obesity, malnutrition, anaemia
 - smoking and/or alcohol use
- **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 abnormality

How is SGA diagnosed?

When you are pregnant, your midwife or doctor will clinically assess if your baby is growing normally. If your baby appears small, their size is confirmed with an ultrasound scan and assessment. This is the most accurate way to measure baby's size.

After birth, baby's weight is plotted on a hospital growth chart. Your baby's head circumference and length are also recorded. This allows your baby's measurements to be compared to measurements of babies of the same gestation. After discharge from hospital, your baby's growth can continue to be monitored using growth charts found in your baby's red book (Personal Health Record).

Your baby will be examined after birth to look for a reason why your baby was born SGA. Sometimes, blood tests, x-rays or scans may be needed to help figure out why your baby is SGA. Often an examination of the placenta will help, so you may be asked to give permission for this.



Mother kissing small baby while lying on bed

What is the concern?

Most term SGA babies are healthy. Some conditions which cause a baby to be SGA are associated with other problems in the baby. If a baby is SGA due to fetal growth restriction they do not receive enough oxygen to grow as expected and there can be problems before, during and after birth. This means your baby may:

- have low oxygen levels
- open their bowels and pass meconium (poo) while still in the uterus. If this happens, there is a risk of your baby breathing in meconium as they are being born (meconium aspiration) which may lead to breathing problems
- have low blood sugar (hypoglycaemia)
- have low normal body temperature
- have too many red blood cells (polycythaemia) making your baby more prone to jaundice (a yellowish colouring to your baby's skin)

Is extra care needed for babies with SGA?

Whilst babies with SGA are physically mature for their size, they may be hungry but unable to tolerate large feeds, lose body heat quickly, tire easily and be more likely to develop jaundice. Specific care will be determined by your baby's antenatal history, gestation, overall health, as well as you and your baby's health care team.

It is important for you to be actively involved in your baby's care. You can help by keeping your baby warm, feeding regularly to avoid low blood sugars, and watching out for jaundice. Your baby's midwife, nurse or doctor will discuss and assist you with all of this. The midwife or nurse will also regularly check your baby's temperature, feeding, blood sugar levels and skin for jaundice.

Warmth

If your baby becomes cool, you may keep your baby warm with skin to skin contact or by putting warm clothes on and using warm wraps/blankets for your baby. Sometimes your baby may need a temperature controlled mattress, an overhead radiant heater or an incubator.

Feeding

If your baby is not feeding well, they may need extra feeds. Some SGA babies do not have a strong suck or they get tired quickly. If this is the case, your baby may need some of the feeds to be given occasionally through a long thin tube, which passes through their mouth or nose to the stomach (tube feeding).

Blood sugar levels and jaundice

Heel prick blood tests will be needed to monitor your baby's blood sugar level and, if needed, jaundice levels. Extra information is provided in Queensland Clinical Guidelines Parent information for Newborn hypoglycaemia and Neonatal jaundice [<https://www.health.qld.gov.au/qcg>]



Mother cuddling small baby

When will your baby be discharged home?

Your baby is usually ready to go home when they are:

- healthy
- stable (e.g. temperature maintained in an open cot, maintaining normal blood sugars)
- feeding well
- gaining weight (e.g. 30 grams a day)

What is the long term outcome for babies who are SGA?

Most SGA babies born at term develop into healthy children. There are a number of things that may affect your baby's long term outcome. These may include the timing, duration, and the reason for being small, and also how well your baby was during and after birth. Your baby's doctor will discuss these with you.

Support & Information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public.

Child Health Service Provides newborn drop-in services, early feeding and support, child health clinics. Refer to www.childrens.health.qld.gov.au/community-health/child-health-service for your nearest service

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care www.health.gov.au/pregnancyhelpline

Queensland Clinical Guidelines Parent information *Establishing breastfeeding, neonatal jaundice, newborn hypoglycaemia* <https://www.health.qld.gov.au/qcg>

Australian Breastfeeding Association 1800 686268 (breastfeeding helpline). Community based self-help group offers information, counselling, and support services, on breastfeeding issues www.breastfeeding.asn.au

Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone www.lifeline.org.au