Term small for gestational age baby

**Initial care at birth:**
- Resuscitate and stabilise as required:
  - Perinatal asphyxia, meconium aspiration, PPHN
- Maintain normothermia:
  - Warm draft free environment
  - Skin-to-skin contact
  - Feed within 30–60 minutes of birth

**Newborn assessment:**
- Distinguish the healthy small baby from the FGR baby
  - Obtain a detailed history
  - Perform a physical examination
  - Examine the placenta

**Growth assessment:**
- Estimate gestation: US (earlier dating is the most accurate), LMP, Ballard examination
  - Physical examination:
    - Constitutionally small: healthy
    - Growth restricted: at increased risk of morbidity and mortality
    - Plot weight, head circumference and length on percentile chart

**Parental considerations:**
- Involve parents in shared decision making
- Facilitate parent involvement in their baby’s care
- Ensure parents understand importance of:
  - Maintaining the baby’s temperature and feeding regularly to avoid hypoglycaemia
  - Providing additional feeding support as required
  - Observing for jaundice
- Explain tests and procedures, comfort measures, equipment
- Refer to local support services where required (e.g., social work)
- Provide written parent information

**Discharge planning:**
- Baby healthy and physiologically stable
- Feeding progressing well
- A steady weight gain (e.g., ≥ 30 grams/day)
- Discharge plan is in place
- Follow-up as per baby and family requirements (e.g., multidisciplinary/paediatric for baby < 2000 g)

**Potential associated morbidity:**
- Hypoglycaemia
- Hyperthermia
- Polycythaemia/hyperviscosity
- Immunodeficiency/Thrombocytopenia
- Infections: TORCH
- Hyperglycaemia
- Congenital anomalies
- Rarely necrotising enterocolitis

**Potential investigations:**
- Placental histopathology, chromosomal analysis, cord blood gases
- FBC, Hct, platelet count
- Suspected congenital TORCH infection:
  - Refer to ASID guidelines Management of perinatal infections
  - Dysmorphic features:
    - Dysmorphology assessment
    - Chromosome studies
    - Refer to clinical geneticist

**Associated QCG guidelines:**
- Routine newborn assessment
- Neonatal resuscitation
- Neonatal respiratory distress including CPAP
- Neonatal stabilisation for retrieval
- Newborn hypoglycaemia
- Normal birth
- Hypoxic-ischaemic encephalopathy (HIE)
- Perinatal substance use
- Neonatal jaundice