

Neonatal problems associated with Macrosomia



"RICHMAN"

- R Respiratory Distress Syndrome
- I Injuries at birth (Erbs palsy)
- C Cardiac (septal hypertrophy)
- H Heme (Polycythemia, hyperbilirubinemia)
- M Metabolic (Hypoglycemia, hypocalcemia)
- A Alimentary issue (dysplasia, atresia)
- N Neuro (poor feeding, Erbs palsy)

The association between birthweight 4000 g or greater and perinatal outcomes in patients with and without gestational diabetes mellitus.

Esakoff et al. Am J Ostet Gynecol 2009; 200:672.e1-672.e4

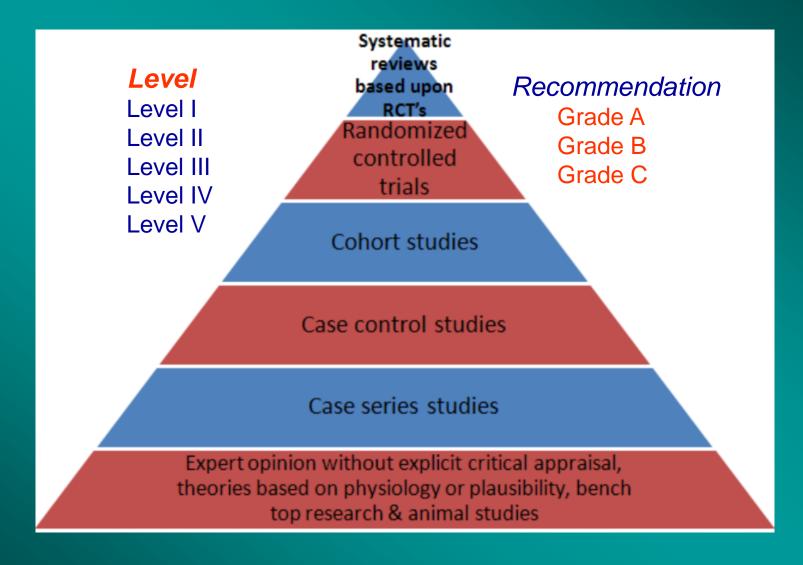
Type of study:

Observational study (retrospective)

Level of evidence :

IV, recommendation C

Level of Evidence / Recommendation



http://www.cebm.net/index.aspx?o=1025

Birth weight and neonatal outcome

Type of study:

Observational study (retrospective)

Level of evidence :

IV, recommendation C

Overview of the article

Abstract:

Conclusion – no mention of GDM (wisely written). Weight alone affect the outcome

Introduction:

4 groups: GDM-no LGA, GDM-LGA, no GDM- no LGA, LGA-no GDM (what was the hypothesis?)

Methods:

Definition (GDM, hyperbilirubinemia, RDS, hypoglycemia) – well described, reproducible

Stats:

strong, well done

Overview of the article

Results:

BW > 4000g is associated with bad outcome (with GDM or without GDM), however GDM increases the risk further.

Discussion:

Genetic (less metabolic complications, tall mom less likely to have birth injury associated with macrosomic fetus) Intrauterine environment – GDM Outcome: Polycythemia vs hyperbilirubinemia (others "RICHMAN") Strength and weakness

Conclusion:

Fetal anthropometrics - future research

Birth weight and neonatal outcome

Post review questions:

Does it add any new information/knowledge?

Are you going to change your practice basing on the paper?



