Factsheet - Induction of labour for Suspected Small Baby

What does “small for gestational age” mean?

Some babies grow smaller than expected during pregnancy. This is called Small for Gestational Age (SGA). It means your baby is smaller than 9 out of 10 babies at the same stage of pregnancy.

Sometimes, babies are small because they haven’t been nourished as well as they should. This is called Fetal Growth Restriction (FGR). It can happen if the placenta isn’t working properly. FGR affects about 5 to 10 out of every 100 pregnancies.

Your Choices

✅ Plan induction or a caesarean birth

✅ Say no to induction or caesarean and have extra checks instead.

💬 Talk about other options with your midwife or doctor.

Key facts:

Here’s a summary of evidence-based UK data, individual risk may vary.

How accurate are ultrasound estimates?

Ultrasound scans can have a margin of error of about 15% either way. For example, if your baby is estimated to weigh 2.5kg, the actual birth weight could range from about 2.1kg to 2.9kg.
When a baby is suspected to be small, about 30% – 40% of them are confirmed to be small at birth.

Other Tests

When Doppler is used, about 50% - 60% of babies suspected to be small are confirmed to be small at birth.
Doppler scans check how blood flows between the baby and the placenta.
They help doctors get a clearer picture.
These scans are useful for helping decide what care is recommended.

Why does it matter?

FGR babies may be at increased chance of complications, including:

- Stillbirth or death shortly after birth
- Low birth weight
- Difficulty coping with labour
- Low blood sugar after birth
- Need for neonatal unit admission

While most SGA babies do well, FGR requires careful monitoring and management.

Comparison Table:

Feature	SGA	FGR
Definition	Growth below the 10th centile	Inability to reach growth potential
Cause	May be normal variation	Often due to placental inefficiency
Doppler 	Normal	Often abnormal
Chance of Stillbirth 	12–20 per 1,000 births (1.2–2.0%) Compared to 3-5 per 1000 (0.3-0.5%) in an uncomplicated pregnancy	20–40 per 1,000 births (2.0–4.0%) Compared to 3-5 per 1000 (0.3-0.5%) in an uncomplicated pregnancy
Labour Tolerance	Usually good	Can be poor

Quick Summary

- **Small babies are often healthy.**
- **Scans aren't always right.**
- **You can choose to start labour early, plan a caesarean, or wait and have extra checks.**
- **Talk to your midwife or doctor to help decide what's best for you.**

What Happens if you decide not to be induced?

If your preference deviates from recommended care, you will be offered an appointment to discuss this further with your obstetrician who will discuss your options and any extra support and monitoring you will need.

Need Help or Have Questions?
Speak to your midwife or call Triage: 01772 524495

Here's a practical BRAIN Decision Tool. It's designed to help clarify thought processes and support informed choices:

How to Use It:
Write down your thoughts under each heading.
Discuss them with your midwife or healthcare team.
Use this as a guide, not a rule - your choice matters.
Some examples have been added to the table to help you get started.

B - What are the potential benefits of induction for me and my baby?	*Examples:* *May reduce incidence of stillbirth* *Planned timing for birth.*
R – What are the possible risks or downsides?	*Examples:* *Longer labour process.* *Increased chance of interventions (e.g., assisted birth).* *Possible discomfort from induction methods.* *Longer stay in hospital*
A – What other alternatives do I have?	*Examples:* *Extra monitoring; doppler scans, CTG,* *Wait for spontaneous labour*
I – What does my intuition tell me?	

N – What happens if I do nothing right now?	

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