



Chiropractic Newsletter

Well-Being

Do Big Babies Require a C-Section?

We've all heard about women who were told they needed to consider an artificial induction of labor or even a cesarean section, because their babies "looked big" toward the end of their pregnancy. Many of these women were unpleasantly surprised when, after they'd undergone a drastic intervention in a healthy pregnancy, their babies were born at completely average weights.

On her website, EvidenceBasedBirth.com, nurse researcher Rebecca Dekker wrote an article titled "What Is the Evidence for Induction or C-section for a Big Baby?" She confirms some sad news: 1 in 3 women in the U.S. are being told that their babies are too big, even though weight can't be reliably predicted. Women are not being told that artificial induction and cesarean surgery have not been shown to improve outcomes for big babies, and, in fact, may be harmful. Induction for a big baby likely increases the C-section rate.

Her article addresses the four "big" assumptions on which this approach is based: (1) Big babies are at higher risk of problems. (2) We can accurately tell if a



baby will be bigger. (3) Induction keeps a baby from getting any bigger, which lowers the risk of C-section. (4) Elective C-sections for big babies are beneficial and don't have any major risks.

In maternity care, treating assumptions like fact can have devastating consequences. In this case, we see that the "suspicion" of a big baby is more harmful than an actual big baby! When it comes to big babies, there is a clear disconnect between what research says is best and what is commonly practiced all over the country.

What You Need to Know

Research shows that common interventions used for suspected big

Continue reading on page 2

babies, such as induction and cesarean surgery, are actually more harmful and carry more risks than big babies themselves.

Non-diabetic, low-risk women are not at higher risk of complications due to baby's size. In some cases, such as with mothers who have pelvic deformities or uncontrolled gestational diabetes, a large baby can be a medical indication for intervention.

Myths and Facts

Myth: It is possible to predict which babies will be big.

Fact: Ultrasound estimates of babies' sizes are unreliable, especially toward the end of pregnancy. Predictions of a big baby are right 50 percent of the time, and wrong the other 50 percent of the time.

Myth: Big babies have a higher risk of complications.

Fact: In low-risk women, having a big baby does not put the mother or the baby at greater risk of complications.

Myth: When there is a suspected big baby, intervening in labor and birth can decrease risk.

Fact: Statistically speaking, intervening due to a suspected big baby has been found to be riskier than the big baby itself, and can lead to more complications.

You have the legal right to full information about anything your care provider suggests, and the right to say no or choose an alternative.

Hospital policies are rules for providers to follow, but do not overrule your legal rights to make choices about your care. Hospitals and care providers do not have the legal right to impose their policies upon you.

You also have choices in your care. If you don't feel comfortable with your care provider, it is never too late to switch to someone else. Remember, you hire your care provider—not the other way around. Be an empowered consumer in your maternity care. Your baby's birth is one of the most important moments for the both of you.

By Dawn Thompson, PW #57

