

Small baby born at term

This information sheet aims to answer some commonly asked questions about a small baby born at term.

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

Is your baby smaller than expected?

Most babies born at term (37 or more weeks of pregnancy) weigh between 2500 and 4000 grams. If your baby is born at term and is smaller, they may be described as small for gestational age (SGA) or growth restricted. This can be because your family is naturally small (baby is like your family) or because your baby didn't grow as much as expected during the pregnancy.

What causes your baby to be smaller?

It is not always clear why a baby grows less than expected. It can be due to many things. Growth restriction is more likely to occur when:

- there are disorders known to run in the family (e.g. genetic disorders)
- you had health issues before pregnancy (e.g. high blood pressure, diabetes, kidney problems, a weight outside of the healthy range)
- your baby was exposed to substances during the pregnancy (e.g. smoking, alcohol, recreational drugs)
- problems develop during your pregnancy (e.g. infections that pass from you to your baby, you develop high blood pressure or have bleeding from the placenta)



Graphic: Woman nursing newborn baby

How is growth restriction identified?

Sometimes growth restriction is detected by ultrasound during pregnancy. Sometimes it is only after birth that your baby is thought to be growth restricted.

Your health care provider will:

- ask about your family history
- look at what happened during your pregnancy (e.g. your estimated due date, any health problems)
- compare baby's weight, length and head circumference to the measurements of other babies born at the same number of weeks of pregnancy
- examine your baby
- sometimes recommend your baby has a blood test
- examine the placenta and sometimes recommend it is sent for testing



Graphic: Woman's hand holding baby's feet

Why is growth restriction important?

Most term babies with growth restriction are healthy. A few babies need extra help after birth. Knowing your baby is growth restricted can help prevent or detect common problems early.

Your baby may:

- not be able to keep themselves warm
- need more help with feeding
- have low blood sugar levels
- become jaundiced (a yellow discolouration of the skin) and need phototherapy lights to treat it
- need extra care and monitoring in a nursery
- may need to stay in hospital longer
- need close follow-up after they go home from hospital



What can you do?

Keep baby warm

- place baby (with just a nappy on) against your skin (skin to skin) under a warm blanket. This is a very good way to keep baby warm
- use extra clothing or wraps
- keep baby out of drafts or cool breezes
- wait at least 24–48 hours after birth to give your baby their first bath
- sometimes an overhead radiant heater or an incubator is needed in hospital

Feeding

Growth restricted babies are often hungry and want to feed frequently. They also get tired very easily and may not have a strong suck. Regular effective feeds (and keeping baby warm) are important ways to help prevent low blood sugar and save energy that they need for growing. Breastfeeding is good for all babies and especially if they are growth restricted. Your nurse/midwife can help you work out the best feeding plan for you and your baby. Talk about it with them even if everything seems to be going ok.

Extra observation

Your baby will have regular checks of their:

- feeding
- wet and dirty nappies (how many)
- temperature
- oxygen levels (with a saturation monitor)
- blood sugar level
- skin colour (for signs of jaundice)

Going home?

Generally, your baby will be ready to go home when they are feeding well and able to keep their temperature steady (warm).

Staying in hospital a few days can be a good way to make sure everything is going well. After you go home, having a midwife or child health nurse visit can also be a good support for you and baby.

Ask about safe sleeping for your baby when you go home.

Will your baby need check-ups later?

Regular health checks with your usual doctor (GP) and child health nurse are important to make sure your baby is growing well and meeting their milestones. Take your baby to all their appointments. Finding any problems early is key to good health later on. Most growth restricted babies will catch-up their growth by two years of age.

Want extra information?

You may like to read some of our other parent information about:

- low blood sugar
- jaundice
- breastfeeding your baby
- routine newborn assessment



Graphic: Man kissing baby's head

Support & Information

Queensland Clinical Guidelines Parent information www.health.qld.gov.au/qcgc

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

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public. <https://www.qld.gov.au/health/contacts/advice/13health>

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

MumSpace: Digital resources supporting mental and emotional wellbeing during and beyond pregnancy. <https://www.mumspace.com.au>

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

Women's Health Queensland Wide 1800 017 676 (free call) offers health promotion, information and education service for women and health professionals throughout Queensland. www.womhealth.org.au