

# Large for Gestational Age Baby

Information for mothers-to-be

## Maternity

### What is a large for gestational age baby?

A large for gestational age (LGA) baby is a baby who has an estimated weight that exceeds the usual weight expected for their gestation (number of weeks of pregnancy). Your growth chart is created to estimate the ideal weight your baby should be for your height, weight and ethnicity. One in 10 babies will be bigger than expected (referred to as 'over the 90th centile').

### What causes a baby to be large for gestational age?

We do not always know what has caused a baby to be LGA, but the following women are at increased risk of having a large baby:

- Women who are obese with a body mass index (BMI) of 35 or above.
- Women who are known to be diabetic or develop diabetes during pregnancy– high levels of sugar in the blood can pass through the placenta to your baby and affect growth.
- Baby boys are also more likely to be large for gestational age than baby girls.

However, many women who have a LGA baby do not have any of these risk factors.

### How is large for gestational age diagnosed?

Your midwife will measure your tummy, with a measuring tape, during your pregnancy to monitor the growth of your baby, and record this on the customized growth chart in your pregnancy records.

Your midwife will refer for a growth scan if baby's growth has accelerated from the previous measurement.

In many cases there is no need to have further scans in absence of any complications. This is because the ability of a scan to predict the correct weight of your baby is reduced as your baby grows and you get nearer to your due date. Growth scans have a 10-15% margin of error.

It is advised that you continue to see your midwife for antenatal checkups.

### What happens if my baby is large for gestational age?

If you are expecting a large for gestational age baby at or below 36 weeks, you will be offered a glucose tolerance test, if you have not already had one within a month. This is a blood test which investigates your body's ability to cope with sugar during pregnancy. You will be given another leaflet about this test if you need it. If the test shows that you have gestational diabetes (diabetes in pregnancy), you will be contacted by a specialist midwife who will also support you through your pregnancy.

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### What are the risks of having a large for gestational age baby?

Most babies who are large for their gestational age are delivered normally without any problems; however there is an increase in the risk of:

- Shoulder dystocia (occurs in 0.5% non-diabetic women)
- Shoulder dystocia is a rare complication and it is defined as a situation where the baby's head has been born but one of the shoulders becomes temporarily stuck behind one of the bones in the pelvis (pubic bone). In order to deal with this complication safely all our staff is trained to manage shoulder dystocia and undergo regular updates and live practice drills.
- Perineal tear (the skin between the vagina and anus is torn and needs repair)
- Small risk of instrumental (forceps or ventouse cup) or caesarean delivery.

### Is there anything I can do to reduce the risk of having a large for gestational age baby?

It is difficult to predict which women will have a large baby apart from pre-existing or gestational diabetes. Hence there is little that can be done to reduce the risk. However eating a healthy diet and taking regular exercise can help to reduce the risk if you are overweight.

### What happens when I am diagnosed with LGA baby?

You will be seen and counselled by a specialist midwife on the day assessment unit or consultant obstetrician depending on associated risk factors. In most of the cases it is appropriate to aim for normal vaginal delivery in most women and the best chance of a successful labour & delivery is if natural labour occurs spontaneously.

### Contact details

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### References

- National Institute for Health Research (2020) *Trial protocol: induction of labour for predicted macrosomia 'The Big Baby Trial'*. [ISRCTN18229892]. Available at: [https://warwick.ac.uk/fac/sci/med/research/ctu/trials/bigbaby/protocol/big\\_baby\\_\\_protocol\\_v8.0\\_17july\\_2020.docx](https://warwick.ac.uk/fac/sci/med/research/ctu/trials/bigbaby/protocol/big_baby__protocol_v8.0_17july_2020.docx) (Accessed 19 May 2021).
- Royal College of Obstetricians and Gynaecologists (2012) *Shoulder Dystocia (Green-top Guideline No. 42)*. Available at: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg42/> (Accessed 19 May 2021).
- NICE (2019) *Intrapartum care for women with existing medical conditions or obstetric complications and their babies*. [NG121]. Available at: <https://www.nice.org.uk/guidance/ng121/> (Accessed 19 May 2021).

### Further information

#### Royal College of Obstetricians and Gynaecologists Shoulder dystocia

<https://www.rcog.org.uk/en/patients/patient-leaflets/shoulder-dystocia/>

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