



PATIENT INFORMATION LEAFLET

LARGE FOR GESTATIONAL AGE



WHAT IS LARGE FOR GESTATIONAL AGE (LGA) BABY?

There is no strict definition of 'large for gestational age' (LGA) baby. It is in the past been defined to mean babies expected to weigh more than 4.5kg (9lb 14.5 oz). at birth.

Whether the baby is large for you, will depend upon your own individual characteristics. This is at present defined using your customised growth chart for your baby which would have been created at your 12 week scan appointment. Babies may be called large for gestational age if they weigh more than 9 in 10 babies (90th percentile) or more than 97 of 100 babies (97th percentile) of the same gestational age. For some people who have diabetes that is not picked up or well controlled this may be the cause of LGA baby. Approximately 5-8 out of 100 babies are identified as being large for gestational age.

WHY DOES IT MATTER IF MY BABY IS LARGE FOR GESTATIONAL AGE?

Most babies, even large babies, will have no problems; Evidence shows that 90% of people who go into labour carrying a baby who is suspected of being large for gestational age are able to have a vaginal birth, however, the risks to you and baby begin to rise with increasing birthweight above 4.5kg or greater than 97th centile for growth on the growth chart by USS assessment.

WHAT CAUSES BABY TO BE LARGE FOR GESTATIONAL AGE?

The cause of LGA is not always known. Many factors influence a baby's growth in the uterus. Genetic material from the baby's biological parents influence size, so overweight and taller parents tend to have larger babies. However, there are factors that increase your risk of having baby with large for gestation.

You are more likely to have large for gestational age baby if:

- You have diabetes or you develop diabetes in pregnancy

- You have had a previous baby weighing over 4.5kg at birth
- You are obese /overweight
- You have gained more weight than usual in pregnancy
- You were a large baby yourself
- Your pregnancy has lasted 41 weeks or more

WHAT ARE THE RISKS OF HAVING A LARGE FOR GESTATIONAL AGE BABY?

It is important to remember that, although the risks are increased, the majority of times there are not complications if your baby is large for gestational age.

- An increased chance of having a caesarean section (probably more than double) or instrumental birth may be needed.
- Very rarely the baby's shoulders may struggle to come through the pelvis (this is called shoulder dystocia) (0.5% or 1 in 200 non-diabetic people). Doctors and midwives are especially trained to deal with this situation. However, very rarely, shoulder dystocia may lead to birth injuries including fractured clavicle (collar bone) or Erb's palsy (upper arm nerve damage).
- An increased risk of you having a large blood loss after the birth (postpartum haemorrhage)
- An increased risk of you having a bad tear of the perineum, requiring stitches in theatre under anaesthetic (up to threefold if you are having your first baby)
- Labour is less likely to start spontaneously which means labour induction is more often required.

HOW DO WE DETECT LARGE FOR DATES BABIES?

During your pregnancy you will have a customised growth chart prepared for you, based on information such as your height and weight, and the number of babies you have had and their weights, your ethnic group. The lines on the growth chart are called centiles (or percentiles) and show the expected pattern of growth for your baby in the ongoing pregnancy.

At every antenatal appointment after 26 weeks, the distance between the top of your womb and the bone at the front of your pelvis is measured (the symphysis fundal height). This measurement is then plotted on your customised growth chart.

If this measurement is greater than expected on two or more occasions, you will be offered an appointment at a consultant unit clinic for assessment. A ultrasound scan (USS) will be offered to you to check your baby's biometry (growth) and fluid volume.

Larger babies usually have more fluid around them than smaller babies. However a larger than normal amount of fluid can sometimes mean a problem with the baby or pregnancy commonly diabetes but we may also do tests for infections.

The ability of scan to predict the correct weight is reduced as the pregnancy advances and in 10-15% can be inaccurate.

WHAT HAPPENS AFTER ASSESSMENT?

If the scan shows that your baby biometry (Growth) and fluid volume are within the normal range, you will be referred back to your Midwife for continuing care. If the scan shows that your baby is large for date, you may be offered a test to check for diabetes in pregnancy (gestational diabetes) called glucoses tolerance test (GTT) if you are 34 weeks or less, but this would not be necessary if you are already more than 34 weeks as the test is usually not reliable beyond this period but you will still be under consultant care.

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.

INDUCTION OF LABOUR

We will normally offer you an induction of labour at 39-40 weeks gestation to reduce the risk of complications. However, if your baby's estimated weight is greater than 5kg or 97th centile, we may discuss caesarean section.

WHAT HAPPENS IN LABOUR?

As with any labour, we will regularly check the progress of your labour and the wellbeing of you and your baby. If there is any concern at all, the Midwife looking after you will ask a doctor to assess your situation and make a plan for your ongoing care.

IS THERE ANYTHING I CAN DO TO REDUCE THE RISK OF HAVING A LARGE FOR GESTATIONAL AGE BABY?

It is usually difficult to predict who will have large baby there is not very much that can be done to reduce the risk. However eating healthy diet and doing regular exercise can help reduce the risk if you are overweight. You can contact your Midwife to give you more advice about this and refer you to a dietician if required.

REFERENCES

- National Institute for Health and Care Excellence, CG62 ' Antenatal Care for Uncomplicated Pregnancies', March 2008.
- National Institute for Health and Care Excellence, CG63 ' Diabetes in Pregnancy: Management from preconception to postnatal period' February 2015.
- NHS Choices: The UKs biggest health website, certified as a reliable source of health information- www.nhs.uk
- Patient UK: Evidence based information on a wide range of medical and health topics- www.patient.co.uk
- YDH Guideline Antenatal pathway for the diagnosis and management of the Large for Gestational Age (LGA) fetus in Pregnant women (Without known Diabetes)

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