

Large for Gestational Age

Definition/ cut-off value

Birth weight greater than or equal to 9 pounds (4000 g); or

Presence of large for gestational age diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

Participant category and priority level

Category

Priority

Infants

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Justification

Infant mortality rates are higher among full-term infants who weigh greater than 4,000 g (greater than 9 lbs) than for infants weighing between 3,000 and 4,000 g (6.6 and 8.8 lbs). Oversized infants are usually born at term; however, preterm infants with high weights for gestational age also have significantly higher mortality rates than infants with comparable weights born at term. When large for gestational age occurs with pre-term birth, the mortality risk is higher than when either condition exists alone (1). Very large infants regardless of their gestational age, have a higher incidence of birth injuries and congenital anomalies (especially congenital heart disease) and developmental and intellectual retardation.

Large for Gestational Age may be a result of maternal diabetes (which may or may not have been diagnosed before or during pregnancy) and may result in obesity in childhood that may extend into adult life.

Clarifications/ Guidelines

Large for gestational age is defined as a birth weight of 9 pounds or more; **a birth certificate is considered acceptable documentation of this risk criteria.** The diagnosis for large for gestational age must be made by a physician and is based on an intrauterine growth reference. These reference tables are not used in the WIC clinic.

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis (“My doctor says that I have/my son or daughter has...”) should prompt the CA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

References

1. Institute of Medicine. WIC nutrition risk criteria: A scientific assessment. Washington (DC): National Academy Press; 1996. p. 117.
2. Behrman RE, Kliegman R, Jenson HB. Nelson textbook of pediatrics. Philadelphia (PA): Saunders; 2000. p. 384.