

## History of Birth of a Large for Gestational Age Infant

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### Definition/ cut-off value

**Pregnant Women:** any history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams).

**Breastfeeding/Non-Breastfeeding:** most recent pregnancy,  
OR

History of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams).

Presence of condition 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.

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### Participant category and priority level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	III

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### Justification

Women with a previous delivery of an infant weighing  $\geq$  9 lbs. (4000 grams) are at an increased risk of giving birth to a large for gestational age infant. Macrosomia may be an indicator of maternal diabetes (current or gestational) or a predictor of future diabetes.

The incidence of maternal, fetal and neonatal complications is high with neonates weighing  $\geq$  9 lbs. (4000 grams). Risks for the infant include dystocia, meconium aspiration, clavicular fracture, brachia plexus injury, and asphyxia.

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### Clarifications/ Guidelines

Before assigning this risk code, be sure pregnancy and pregnancy outcome history is documented on the WIC-45, WIC-40, or WIC-41, whichever is appropriate.

The wording of the definition for breastfeeding/non-breastfeeding states “most recent pregnancy” or “history of birth of an infant weighing  $\geq$  9 lbs...,” which is more specifically defined as *any* history of birth of a large for gestational age infant.

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.

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**References**

1. Boyd, ME, Usher RH, McLean FH. Fetal macrosomia: Prediction, risks, proposed management. *Obstet Gynecol.*; 1983; 61:715-22.
2. Institute of Medicine. WIC nutrition risk criteria. A scientific assessment. Washington (DC): National Academy Press: 1996; p. 117.
3. Institute of Medicine: Nutrition During Pregnancy. Washington (DC); National Academy Press: 1990; p. 190.