CONDITION

Large for gestational age

Large for gestational age means a baby is heavier than expected for the number of weeks of pregnancy.

WHAT IT IS
Birth weight above the expected range for gestational age

BODY SYSTEM
Pregnancy, childbirth, and newborn health

MAIN SYMPTOMS
Usually none, uterus measuring large, high estimated fetal weight

WHAT CAUSES IT
Diabetes, parental size, pregnancy weight gain, later birth

HOW IT IS DIAGNOSED
Birth weight plotted on a gestational-age growth chart

MAIN TREATMENT
Pregnancy monitoring, diabetes management, and birth planning

CAN IT BE CURED?
No - a size classification, not illness

IS IT AN EMERGENCY?
Sometimes - shoulders stuck during birth

LONG-TERM OUTLOOK
Most babies do well without major birth complications

Overview

Large for gestational age, often shortened to LGA, means a baby is larger than expected for the number of weeks of pregnancy. It is usually defined as a birth weight above the 90th percentile. This means the baby weighs more than about 90 out of 100 babies born at the same stage of pregnancy.

Gestational age is how far pregnancy has progressed, counted in weeks from the first day of the last menstrual period and often confirmed by an early ultrasound. A baby born at 37 weeks is therefore compared with other babies born at 37 weeks, not with babies born at 40 weeks.

LGA is not the same as macrosomia. Macrosomia means a high birth weight above a set threshold, regardless of gestational age. Different guidelines and healthcare systems may use different weight thresholds for macrosomia.

LGA is a description of size, not a disease. Many LGA babies are healthy and are simply larger because of family traits. However, a larger baby can increase the chance of difficulties during birth. Some LGA newborns also need monitoring for low blood glucose or other short-term problems.

An ultrasound can suggest that a baby may be LGA, but it cannot measure weight exactly. LGA is confirmed after birth by weighing the baby and comparing the result with an appropriate growth chart.

Symptoms

LGA usually does not cause symptoms that you can feel. A larger abdomen, pressure in the pelvis, back discomfort, or breathlessness can occur in many pregnancies and cannot show by themselves that a baby is LGA.

During routine pregnancy appointments, a clinician may find that the uterus measures larger than expected. This measurement, called fundal height, is taken from the pubic bone to the top of the uterus. It is a screening measurement rather than a diagnosis.

An ultrasound may estimate that the baby's weight or abdominal measurement is above the expected range. Ultrasound estimates become less precise near the highest and lowest weights, so the baby may ultimately be smaller or larger than predicted.

A baby's movements do not reliably show their size. Normal movement patterns should continue. Reduced or clearly changed movement needs prompt assessment whether or not LGA is suspected.

After birth, most LGA babies have no symptoms. Babies who develop low blood glucose may be shaky, unusually sleepy, difficult to feed, floppy, or less responsive. Some have no visible signs, which is why blood glucose may be checked when risk factors are present.

Causes and risk factors

Sometimes there is no medical cause. Babies may be larger because their parents are tall or have larger body frames. Boys also tend to have a slightly higher average birth weight than girls.

Diabetes during pregnancy is an important risk factor. This includes diabetes that existed before pregnancy and gestational diabetes, which first develops during pregnancy. Higher glucose levels in the pregnant person's blood can cross the placenta. The baby may then make more insulin, a hormone that helps glucose enter cells, and store more energy as fat.

Other factors associated with LGA include:

These factors raise the chance of LGA but do not determine what will happen. Someone with several risk factors may have an average-sized baby, while an LGA baby may be born without any recognised risk factor.

Incorrect pregnancy dating can also make a baby appear unusually large. An early ultrasound is generally more reliable for dating than a scan late in pregnancy.

- A previous LGA or high-birth-weight baby
- A pregnancy continuing beyond the due date
- A higher body weight before pregnancy
- Gaining more weight than recommended during pregnancy
- Having given birth several times before

Diagnosis

Before birth, LGA can only be suspected. A clinician may review the pregnancy dates, fundal-height measurements, diabetes test results, and previous pregnancy history.

Ultrasound uses measurements of the baby's head, abdomen, and thigh bone to calculate an estimated fetal weight. It may also assess the amount of amniotic fluid surrounding the baby. No ultrasound formula can predict birth weight exactly, and the margin of error matters when making decisions about birth.

Repeated scans may be offered when there is concern about growth or when conditions such as diabetes require closer monitoring. Having more scans does not remove the uncertainty around the final weight estimate.

LGA is confirmed after birth. The baby is weighed and the result is plotted on a chart that accounts for gestational age and usually sex. The exact percentile may differ slightly depending on which validated chart is used.

A newborn thought to be at higher risk may have blood glucose checks after birth. The care team may also examine the baby for breathing problems, birth injuries, jaundice, or other complications.

Treatment and management

LGA itself is not treated with medicine. Management focuses on the cause, pregnancy

monitoring, planning a safe birth, and supporting the baby after delivery.

If diabetes is present, keeping blood glucose within the target range set by the pregnancy care team can reduce exposure to high glucose. Management may include food planning, physical activity, glucose checks, and medication when needed. Treatment should be tailored to the type of diabetes and the pregnancy.

Your care team may discuss whether to wait for labour, induce labour, or plan a caesarean birth. The discussion may consider the estimated weight, how many weeks pregnant you are, diabetes, previous births, previous shoulder dystocia, and your preferences.

Suspected LGA does not automatically mean that a caesarean birth is needed. Many larger babies are born vaginally without a serious problem. Because ultrasound weight estimates are uncertain, decisions should not be based on a single number without considering the wider situation.

Induction of labour may be discussed near term. Its possible benefits and disadvantages differ according to the circumstances, and recommendations are not identical in every country.

During labour, the team may monitor the baby's heart rate and the progress of labour. Staff may prepare for shoulder dystocia, an uncommon emergency in which the baby's head is born but a shoulder becomes stuck behind the pelvic bone.

After birth, early and regular feeding can help support the baby's glucose level. Some babies need additional milk, glucose gel, or glucose through a vein. This is based on glucose results, symptoms, feeding, and local newborn-care protocols.

Complications

Most LGA babies do not develop serious complications. Risk generally rises as birth weight increases, but weight alone cannot predict an individual birth.

Possible complications during labour and birth include:

Shoulder dystocia requires immediate action by the birth team. It can sometimes cause a broken collarbone or injury to the group of nerves controlling the arm, called the brachial plexus. Many of these injuries recover, although some can have lasting effects. Lack of oxygen is a rare but serious complication.

After birth, an LGA baby may have low blood glucose, especially when diabetes was present during pregnancy. Other possible problems include jaundice, breathing difficulty, or an increased number of red blood cells.

Research has found an association between being LGA and a higher later-life chance of

obesity or metabolic conditions. This does not mean an LGA baby will develop them. Family traits, childhood growth, nutrition, activity, and many other factors also influence long-term health.

- A longer or obstructed labour
- Assisted vaginal birth using forceps or a vacuum device
- Caesarean birth
- Shoulder dystocia
- Heavy bleeding after birth
- Tears involving the vagina or surrounding tissues

Prevention

LGA cannot always be prevented. A baby's genetic potential, sex, and the timing of birth cannot be changed. Even well-managed pregnancies can result in an LGA baby.

If you have diabetes, planning pregnancy when possible and managing glucose before and during pregnancy can lower the chance of excessive growth and other complications. Gestational diabetes screening is important because the condition may not cause noticeable symptoms.

Entering pregnancy at a weight that supports your health may reduce some risks. During pregnancy, your care team can advise you about an appropriate pattern of weight gain based on your starting weight and health.

Balanced meals and pregnancy-safe physical activity may support glucose and weight management. Restrictive dieting to try to make a baby smaller is not recommended and may reduce essential nutrients.

Living with it and what to expect

When LGA is suspected during pregnancy, you may have extra appointments, growth scans, or diabetes assessment. The uncertainty of estimated weight can make planning difficult. Ask the maternity team to explain the range around the estimate and how each birth option might affect you.

LGA is no longer an ongoing diagnosis once the newborn period has passed. After birth, healthcare professionals follow the baby's length, weight, and head growth over time rather

than continuing to compare the baby with fetal growth percentiles.

A healthy LGA baby may need only routine newborn care. Babies with low blood glucose, feeding difficulty, breathing problems, or a birth injury may need observation or treatment in a newborn unit. The length of follow-up is based on the specific problem, not on LGA alone.

Many larger babies continue to grow along a higher percentile that fits their family pattern. Others gradually move toward the middle of the growth chart. A single weight measurement matters less than the growth pattern over months and years.

Routine child health visits can track growth and development. There is usually no need for special diets or attempts to slow growth in an otherwise healthy baby. Feeding advice should be based on the child's age, health, and growth pattern.

When to get medical help

Contact your maternity unit promptly if your baby is moving less than usual or there is a clear change in the normal movement pattern. Do not wait for the next routine appointment or rely on a home heartbeat device.

Seek urgent assessment during pregnancy for:

Call emergency services for heavy bleeding, collapse, a seizure, severe breathing difficulty, or another life-threatening symptom.

Shoulder dystocia happens during birth and is managed as an emergency by the maternity team. It is not something you are expected to recognise or manage yourself.

After going home, obtain urgent medical help if your newborn is difficult to wake, will not feed, has breathing difficulty, turns blue or very pale, has repeated shaking movements, or seems seriously unwell.

For routine follow-up, discuss concerns about feeding, jaundice, weight gain, movement of an arm, or the baby's growth at newborn or child health appointments.

- Vaginal bleeding
- Leaking fluid before labour is established
- Regular painful contractions earlier than expected
- Severe or persistent abdominal pain
- A severe headache with vision changes or sudden swelling

Common questions

Does LGA mean my baby definitely has diabetes?

No. LGA can be related to diabetes during pregnancy, but many LGA babies are born to people without diabetes. If diabetes has not already been assessed, the maternity team may review whether testing is needed.

How accurate is an ultrasound estimate of a large baby?

It is an estimate, not an exact measurement. Ultrasound calculations can be off in either direction, particularly at high weights. The baby's true weight is known only after birth.

Will I need a caesarean birth if my baby is LGA?

Not necessarily. Many LGA babies are born vaginally. A planned caesarean may be discussed when the estimated weight is very high or when other risk factors are present. The decision should include the uncertainty of the estimate and your birth history and preferences.

Can an LGA baby be born early?

Yes. LGA describes weight in relation to gestational age, so a premature baby can still be LGA compared with other babies born at the same number of weeks.

Will my baby stay larger than other children?

Some children remain on a higher growth percentile because of family traits. Others move toward a different percentile during infancy. Regular growth measurements show the pattern more clearly than birth weight alone.

Is LGA the same as being overweight?

No. LGA is a statistical description of birth size. It does not diagnose obesity or determine a child's future body size or health.

Sources

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