University Hospitals of Leicester
NHS Trust

Expecting a large for gestational age (LGA) baby

Department of Obstetrics

Information for Patients

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Introduction

Antenatal screening shows that your baby might be bigger than expected for how many weeks pregnant you are. This is called large for gestational age (LGA). This leaflet will tell you about:

- what LGA is
- how LGA is found and its causes
- what to expect for the pregnancy
- what are the risks of LGA and the options for birth

What does it mean if my baby is LGA?

This is when the estimated fetal weight (EFW) of your baby is bigger than expected for number of weeks you are pregnant. This is greater than the 95th centile on a growth chart made for your height, weight and ethnicity. We find out your babies EFW using an ultrasound scan.

The actual weight of your baby may be 10 to 15% bigger or smaller than what we estimate by the scan. Healthcare professional are still not sure when a pregnancy is LGA.

A baby weighing more than 4 kg at birth is described as large. It is hard to predict the weight of your baby when you are still pregnant. Around half the babies are expected to be larger are normal size at birth. Most babies who measure LGA are normal and healthy.

How do we find out if your baby is LGA?

We look out for risks of having a smaller or larger baby at the beginning of the pregnancy and throughout the pregnancy. We do ultrasound scans to check the baby is putting on weight as expected.

If we have not found your baby to be at risk of being small or LGA, your midwife will measure the size of your tummy with a tape measure. If you measure bigger or smaller than expected, your midwife will refer you for an ultrasound. It is not possible to be sure you will have a large baby from the measurements alone.

What causes a baby to be large?

Most of the time we do not know why a baby is LGA. You are more likely to have a large baby if:

- you have a personal or family history of having bigger babies.
- you have a body mass index (BMI) greater than 35.
- you have diabetes or you get diabetes in pregnancy.

Is there anything I can do to stop my baby getting large?

It is difficult to know if you will have a large baby. There is little that we can do to reduce the risk. If you are overweight, eating a healthy diet and taking regular exercise can help to reduce risks. Your midwife can give you advice about this and refer to a dietitian if needed. If you have diabetes, we know that good blood sugar control reduces the risk that your baby will become large.

What happens if my baby is LGA?

If you are already cared for in a consultant clinic, we will talk about the results from the scan at your next appointment. If you are not, we will make an appointment to talk about risks and options with you.

If you are not known to have diabetes, we will refer you for a glucose tolerance test (GTT) **or** have a blood sample taken. This is to see if you have developed diabetes in pregnancy (gestational diabetes).

What are the risks of having an LGA baby?

There are risks of having an LGA baby. Most of the time there are **no complications** if your baby is LGA. The key risks to know about are:

- Your baby's shoulders may struggle to come through your pelvis during a vaginal birth. This is called shoulder dystocia. This can happen in 4 to 7 in 100 births in pregnancies with suspected LGA babies. Shoulder dystocia can happen in 1 to 2 in 100 births where the baby is thought to be a normal weight. Doctors and midwives are trained to deal with this and most babies born with shoulder dystocia do not have any complications. Very rarely, shoulder dystocia may lead to birth injuries like fractured collar bone (clavicle) or upper arm nerve damage (Erb's palsy).
- The chance of Erb's palsy is 2 in 100 births. 16 in 100 births with shoulder dystocia may also have Erb's palsy. This is usually temporary and the majority of babies make a full recovery (99 in 100 babies recover).
- There is more of a risk that you will have more than normal blood loss after giving birth (postpartum haemorrhage). Local results show the risk of more than normal blood loss is about 12 in 100 births for a planned vaginal birth. 9 in 100 births for a planned caesarean birth have more than normal blood loss. This compares to 9 to 10 in 100 births in the rest of the population.
- The chance of needing an emergency caesarean section or assisted vaginal birth (forceps or ventouse) is higher compared to people expecting babies of estimated weight of less than the 95th centile.

What are my options for birth?

If you have diabetes (before pregnancy or have gotten during pregnancy), we will advise you on the best option after talking with your obstetric and diabetic team. We look at the size of your baby and how your diabetes is managed.

In people **without diabetes** the options are:

- **You can choose to do nothing** and wait for natural labour to start. There is a higher chance of shoulder dystocia in natural labour and birth compared to induced labour.
- **Choose an induction of labour: Induction of labour is where the doctors and midwives start your labour.** Search: 'What to expect if we need to start your labour (induced)' or leaflet number 328 for more information. There is still research going on about what is the best time to start an induction of labour to reduces problems with the birth of an LGA baby. We offer induction of labour around your due date (around 40 weeks). This is linked with a reduced risk of shoulder dystocia.
- **Choose a caesarean birth:** This option removes the risk of shoulder dystocia but has risks to you and your baby. One of the risks includes risks for future pregnancies. If you choose this option, the birth is normally in the 39th week. For more information, please see the caesarean birth information leaflet.

Contact details

For more information please ask your midwife or obstetric team.

More information

National Institute of Clinical Excellence (NICE): Inducing labour guidance

www.nice.org.uk/guidance/ng207

RCOG: Considering a caesarean birth

www.rcog.org.uk/for-the-public/browse-our-patient-information/considering-a-caesarean-birth/

Heal for under 5s: Induction of labour

www.healthforunder5s.co.uk/leicestershire/services/your-maternity-service/what-is-an-induction-of-labour/

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