

INFORMATION FOR PATIENTS

Large for Gestational Age (LGA) babies

What is a Large for Gestational Age (LGA) baby?

A baby is called **Large for Gestational Age (LGA)** when they weigh more than **97 out of 100** babies of the same age, or over **4,200 grams (9 pounds 4 ounces)** at 40 weeks of pregnancy.

About **5 to 8 out of every 100** babies are LGA.

Even if your baby is expected to be big, they may still be born at an average size. Most people (9 out of 10) who have a big baby have a **normal, safe birth**. But there are some risks you should know about to help you make the best choices.

What causes a baby to be large?

Sometimes we don't know why a baby is big, but it's more likely if:

- You've had a big baby before, or it runs in your family.
- Your **BMI** (body mass index) is **35 or higher**.
- You have **diabetes** during pregnancy or already had diabetes.

But many people with big babies **don't have any of these risks**.

How do we check if a baby is large?

After **26 weeks** of pregnancy, at every check-up your midwife or doctor will:

- Measure your bump (from your pubic bone to the top of your womb).
- Plot this on a special growth chart.

If the bump is bigger than expected, you'll be offered a **growth scan** (ultrasound).

This checks:

- Baby's size
- The fluid around your baby
- Blood flow through the placenta.

If the scan shows your baby is larger than expected, you may be offered a **glucose tolerance test (GTT)** to check for **gestational diabetes**.

Important to know: Scans after 34 weeks are **not 100% accurate**. They can be **10% too high or low** in their guesses.

Only about **60 out of 100** babies who are thought to be large on a scan actually are large at birth.

What are the risks of having a large baby?

Most of the time, there are **no problems**, even if your baby is large. But sometimes, there can be risks for both the parent and the baby.

Risks for the parent:

- **Longer labour**
- **Assisted birth** using forceps, ventouse, or a **Caesarean section**:
 - 1 in 3 may need a C-section
 - 1 in 6 may need help with forceps or ventouse.
- **Tears or cuts** during birth – usually small and heal well, but bigger babies can increase the chance of deeper tears.
- **Heavy bleeding** after birth (more than 1 litre).
- **Uterine rupture** (tear in the womb) – **very rare** (fewer than 1 in 1000 births).

Risks for the baby:

- **Shoulder dystocia** – the baby's shoulder gets stuck during birth (happens in 68 out of 1000 births):
 - This can lead to **injuries**, like a broken collarbone or **Erb's palsy** (temporary nerve damage in the arm).
 - 99 out of 100 babies with Erb's palsy make a **full recovery**.
- **Low blood sugar** (hypoglycaemia) – more common if you have diabetes in pregnancy.
- **Admission to the Neonatal Intensive Care Unit (NICU)** for monitoring.

Doctors and midwives are trained to help if any of these things happen.

What are my options?

If your baby is thought to be large, your healthcare team will talk with you about your choices. These may include:

1. Wait for labour to start naturally

This is safe for many people. Most births go well even if the baby is large.

2. Induction (starting labour early)

This may reduce the chance of shoulder dystocia or baby fractures. Induction between **39 and 40 weeks** may be offered.

3. Planned Caesarean section (C-section)

If your baby is expected to weigh more than **5000 grams**, you might choose a planned C-section.

Let your midwife or doctor know if you have any worries or questions. They are here to help you and your baby stay safe and well.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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