

337 History of Birth of a Large for Gestational Age Infant

Definition/Cut-off Value

History of birth of a large for gestational age infant is defined as follows:

Category	Definition
Pregnant Women	Any history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams).
Breastfeeding/Non-Breastfeeding Women	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, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver. See Clarification for more information about self-reporting a diagnosis.

Participant Category and Priority Level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	III, IV, V or VI

Justification

Women with a previous delivery of an infant weighing greater than 9 lbs. (4000 grams) are at an increased risk of giving birth to a large for gestational age infant (1). Macrosomia may be an indicator of maternal diabetes (current or gestational) or a predictor of future diabetes (2).

The incidence of maternal, fetal, and neonatal complications is high with neonates weighing greater than 9 lbs. (4000 grams). Risks for the infant include dystocia, meconium aspiration, clavicular fracture, brachia plexus injury, and asphyxia (3).

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.

Clarification

Self-reporting of “History of ...” conditions should be treated in the same manner as self-reporting of current conditions requiring a physician’s diagnosis, i.e., the applicant may report to the CPA that s/he was diagnosed by a physician with a given condition at some point in the past. As with current conditions, self-diagnosis of a past condition should never be confused with self-reporting.