

# 151 Small for Gestational Age

## Definition/Cut-off Value

Infants and children less than 24 months of age diagnosed as small for gestational age.

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.

Note: See "Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants" (FNS Policy Memorandum 98-9, Revision 7, April 2004) for more discussion on the anthropometric assessment and nutritional care of SGA infants.

## Participant Category and Priority Level

Category	Priority
Infants	I
Children < 24 months	III

## Justification

Impairment of fetal growth can have adverse effects on the nutrition and health of children during infancy and childhood, including higher mortality and morbidity, slower physical growth, and possibly slower mental development. Infants who are small for gestational age (SGA) are also more likely to have congenital abnormalities. Severely growth-retarded infants are at markedly increased risk for fetal and neonatal death, hypoglycemia, hypocalcaemia, polycythemia, and neurocognitive complications of pre- and intrapartum hypoxia. Over the long term, growth-retarded infants may have permanent mild deficits in growth and neurocognitive development (1).

WIC staff should routinely complete anthropometric assessments and follow-up (to include coordination with and referral to, other health care providers and services) for infants/children with a diagnosis/history of SGA who have not yet demonstrated normal growth patterns.

## References

1. Institute of Medicine. WIC nutrition risk criteria a scientific assessment. Washington (DC): National Academy Press; 1996. p. 100.

## Additional References

1. Behrman RE, Kliegman R, Jenson HB. Nelson textbook of pediatrics. Philadelphia (PA): Saunders; 2000.
2. Groh-Wargo S, Thompson M, Cox J, editors. Nutritional care for high-risk newborns. Rev. 3rd edition. Chicago (IL): Precept Press, Inc.; 2000.
3. Kessler DB, Dawson, P, editors. Failure to thrive and pediatric under nutrition, a transdisciplinary approach. Baltimore (MD): Paul H. Brooks Publishing Company, Inc.; 1999.

## Clarification

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 CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis.