153 Large for Gestational Age

Definition/Cut-off Value

Birth weight ≥ 9 pounds (≥ 4000 g); or

Presence of large 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.

Participant Category and Priority Level

<table>
<thead>
<tr>
<th>Category</th>
<th>Priority</th>
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<tbody>
<tr>
<td>Infants</td>
<td>1</td>
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Justification

Infant mortality rates are higher among full-term infants who weigh greater than 4,000 g (greater than 9 lbs) than for infants weighing between 3,000 and 4,000 g (6.6 and 8.8 lbs). Oversized infants are usually born at term; however, preterm infants with weights high for gestational age also have significantly higher mortality rates than infants with comparable weights born at term. When large for gestational occurs with pre-term birth, the mortality risk is higher than when either condition exists alone (1). Very large infants regardless of their gestational age, have a higher incidence of birth injuries and congenital anomalies (especially congenital heart disease) and developmental and intellectual retardation (2).

Very large infants may be a result of maternal diabetes (which may or may not have been diagnosed before or during pregnancy) and may result in obesity in childhood that may extend into adult life (1).

References


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.