

History of Birth of a Large for Gestational Age Infant

**Definition/
cut-off value**

Pregant 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 by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

**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.
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Clarification

Self-reporting for “History of...” conditions should be treated in the same manner as self-reporting for current conditions requiring a physicians 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.
