Factsheet - Induction of labour for Suspected Large Baby (LGA)

What does “Large for Gestational Age” mean?

A baby is described as LGA if they are thought to bigger than most babies at the same stage of pregnancy on an ultrasound scan.
This means your baby is suspected to be larger than 90% of babies born to mums who are about the same size as you.

If you have diabetes, doctors may suggest starting labour earlier to try and prevent complications during birth.

Your Choices

✅ Accept induction or plan a caesarean birth.

✅ Say no to induction or caesarean and have extra checks instead.

💬 Talk about other options with your midwife or doctor.

Key facts:

Here’s a summary of evidence-based UK data, individual risk may vary.

How accurate are ultrasound scan estimates?

Ultrasound scans can have a margin of error of about 15% either way. For example, if your baby is estimated to weigh 4kg, their birth weight may be between 3.4kg and 4.6kg.

Studies show that 60 – 80% of babies suspected to be large on ultrasound are a normal weight at birth.

Most people (about 90%) with suspected large babies have a vaginal birth. However, the chance of complications increases with birthweights above 4.5 kg or above the 97th centile.

Centile needs explanation – I hope correctly interpreted below

Complications by Birthweight:

Complication	Normal Weight (<90th centile)	Birth weight between 4000-4500g	Birth weight over 4500g (over 97th centile)	Pregnancies complicated with diabetes and suspected LGA
Shoulder dystocia 	0.3% (3 in 1000 births)	4-5% (4-5 in 100 births)	9% (9 in 100 births)	5%–12% (5-12 in 100 births)
Emergency Caesarean birth 	25% (1 in every 4 births)	Studies suggest that larger babies (over 4kg) are more likely to need a caesarean birth, but actual figures are not published.		
Stillbirth 	0.13% (1.5 per 1,000) Live births at 40 weeks: 99.87%	Large babies without diabetes generally have a low stillbirth chance, similar to ‘normal weight’ babies.		• Type 1 diabetes: 16.1 per 1000 1.6% • Type 2 diabetes: 22.9 per 1000 2.29% • Gestational diabetes with well controlled blood sugars similar to general population

What is Shoulder Dystocia?

Sometimes during birth, a baby's head is born, but the shoulders get stuck. This is called shoulder dystocia. Shoulder dystocia is unpredictable, it can be scary, but most cases are resolved safely with manoeuvres performed by professionals attending your birth.

What can Happen to the Baby?

In most cases, babies are completely fine after shoulder dystocia. But sometimes, it can cause injury to the baby's shoulder and upper arm. Most babies with shoulder dystocia recover fully. Around 1 in 1,000 births with shoulder dystocia have permanent nerve damage or other long-term problems. If the baby is stuck for too long, it can affect the brain. This is rare, but serious.

Quick Summary

- Big babies are usually healthy
- Scans aren't always right
- You can choose to start labour early, plan a caesarean, or wait and have extra checks

What Happens if you decide not to be induced?

If your preference deviates from recommended care, you will be offered an appointment to discuss this further with your obstetrician who will discuss your options and any extra support and monitoring you will need.

Need Help or Have Questions?
Speak to your midwife or call Triage: 01772 524495

Here's a practical BRAIN Decision Tool. It's designed to help clarify thought processes and support informed choices:

How to Use It:
Write down your thoughts under each heading.
Discuss them with your midwife or healthcare team.
Use this as a guide, not a rule - your choice matters.
Some examples have been added to the table to help you get started.

B - What are the potential benefits of induction for me and my baby?	*Examples:* *May reduce incidence of shoulder dystocia* *Planned timing for birth.*
R – What are the possible risks or downsides?	*Examples:* *Longer labour process.* *Increased chance of interventions (e.g., assisted birth).* *Possible discomfort from induction methods.* *Longer stay in hospital*

A – What other alternatives do I have?	
I – What does my intuition tell me?	
N – What happens if I do nothing right now?	

Department: Maternity
Division: Women's and Children's
Production date: December 2025
Review date: December 2028
JR 1418 v1