



*Evidence that Empowers!*

By Rebecca Dekker, PhD, RN of EvidenceBasedBirth.com

### **Question: How accurate are ultrasounds at determining if I have a big baby?**

**Answer:** Ultrasounds are right about half the time and wrong about half the time when they predict a big baby. Although 1 out of 3 U.S. women are told they have a big baby at the end of pregnancy, only 1 in 10 babies is actually born big. Ultrasound results are usually anywhere between 15% above or 15% below your baby's actual weight. For example, if your baby's actual weight was 8 lbs. (3,629 grams), the ultrasound could estimate the baby's weight to be anywhere between 6 lbs., 13 oz. (3,090 grams) and 9 lbs., 3 oz. (4,450grams).

### **Question: What is the chance my baby might have difficulty with the birth of their shoulders?**

**Answer:** While it is true that 7 to 15% of big babies have difficulty with the birth of their shoulders (called shoulder dystocia), the majority of these cases are handled successfully by the care provider with no harmful consequences to the baby. Permanent nerve injuries due to stuck shoulders happen in 1 out of every 555 babies who weigh between 8 lbs., 13 oz. and 9 lbs., 15 oz., and in 1 out of every 175 babies who weigh 9 lbs., 15 oz. or greater.

### **Question: Do I need to have an induction if they suspect a big baby?**

**Answer:** Not necessarily. Induction may lower the chance of shoulder dystocia from 7% to 4% and the chance of birth fractures from 2% to 0.4% but researchers have not shown induction to have any impact on nerve injuries or NICU admissions. Induction may increase the risk that you will have a severe tear, and it may also increase the risk that your baby will need treatment for jaundice. The best timing for induction is not clear- most of the evidence comes from very early induction (37-38 weeks).

### **Question: What about planning a Cesarean?**

**Answer:** Unfortunately, it would take nearly 3,700 unnecessary Cesareans to prevent one case of permanent injury due to shoulder dystocia in a baby that is suspected of weighing 9 lbs., 15 oz. or greater. There are both benefits and risks to elective Cesareans, and risks include higher rates

of complication for mothers and babies, as well as elevated risks in future pregnancies. For these reasons and more, the American Congress of Obstetricians and Gynecologists say that elective Cesarean "may" be considered with an estimated fetal weight of 11 lbs. or greater.

### **Question: Are there any other drawbacks to my care provider suspecting a big baby?**

**Answer:** Many studies have shown that the "suspicion" of a big baby typically increases the risk of Cesarean without improving the health of mother or baby. If doctors think you have a big baby, they are more likely to diagnose your labor as stalled, or pressure you into a Cesarean, compared to a woman who has a big baby but it wasn't suspected. About half of the time when they suspect a big baby, the prediction will have been wrong.

### **Question: What's the bottom line?**

**Answer:** The main problem with big babies is that it's hard to predict if you're going to have one or not! Hindsight is 20-20, but we don't know ahead of time which babies are going to be big, and which big babies are going to have problems. You may want to ask your care provider what their usual treatment is for suspected big babies, to get an idea of their routine practice. It's also a good idea to find out if your care provider trains regularly on how to manage shoulder dystocia, as this situation can happen with a baby of any size, and training has been shown to decrease the chances of a baby experiencing permanent injury due to shoulder dystocia.

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2. [Committee on Practice Bulletins, American College of Obstetricians and Gynecologists \[ACOG\]. \(2016\)](#). "Fetal macrosomia. Practice Bulletin No. 173." *American College of Obstetricians and Gynecologists. Obstet Gynecol* 128: e195-209.
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