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Evidence on: Suspected Big Babies

By Rebecca Dekker, PhD, RN, & Sara Ailshire, PhD, of EvidenceBasedBirth.com

Question: What is a big baby?

Answer: Researchers consider a baby to be big when it weighs 8 lbs., 13 oz. or more at birth (4,000 g), or over 9 lbs., 15 oz. (4,500 g).[1] A quarter of U.S. pregnant people are told they have a big baby,[2] but only 1 out of 10 babies are actually born big.

Question: Can ultrasounds identify a big baby?

Answer: When an ultrasound predicts a big baby, the results are correct about half the time—and wrong about half the time.[3] When estimating a baby's size, ultrasounds have a margin of error of 10-15%. For example, if a baby's actual weight was 8 lbs. (3,629 g), the ultrasound could estimate the baby's weight to be anywhere between 6 lbs., 13 oz. (3,090 g) and 9 lbs., 3 oz. (4,450 g).[4] In the US, only 22% of "suspected big babies" are actually large, while the rest are born average in size or low birth weight.[2]

Question: Are big babies at higher risk for getting their shoulders stuck?

Answer: Shoulder dystocia is when a baby's shoulders are stuck enough during a vaginal birth that a care provider has to take extra physical actions to get the baby out of the pelvis. Shoulder dystocia can happen in any birth, but it is more common when the baby is big.[5] About 7-15% of big babies have shoulder dystocia, and most cases are handled successfully by the provider. However, permanent shoulder/arm nerve injuries due to shoulder dystocia happen in 1 out of 555 babies who weigh between 8 lbs., 13 oz. and 9 lbs., 15 oz., and in 1 out of 175 babies who weigh 9 lbs., 15 oz. or greater. Rarely, shoulder dystocia can lead to a broken arm or collarbone.[6] This type of birth fracture occurs in 0.08% of average sized babies and in 0.54% of babies who weigh more than 9 lb., 3 oz. (4,000 g).[7]

Question: Do I need an induction if my provider suspects a big baby?

Answer: Not necessarily. Induction may lower the risk of shoulder dystocia (and the rare risk of fractures), but it has no impact on the rate of nerve injuries or NICU admissions.[1,8] Induction may increase the risk that you will have a severe perineal tear, and it may also increase the risk that a baby needs treatment for jaundice. The best timing for induction for a suspected big baby is not clear—most evidence comes from studies on very early induction (37-38 weeks). A large study published in 2025 suggests that induction for suspected big baby during the 38th week may possibly be associated with a decreased risk of Cesarean.[8]

Question: What about planning a Cesarean?

Answer: Suspected big baby is a common reason for elective Cesareans in the U.S.[2] Researchers estimate it would take nearly 3,700 scheduled Cesareans to prevent one case of permanent injury due to shoulder dystocia in a baby suspected of weighing 9 lbs., 15 oz. or greater.[1] There are both benefits and risks to elective Cesareans. Benefits include a lower risk of perineal tears. Risks include higher rates of complication for birthing people and babies, as well as elevated risks in future pregnancies. For these reasons, U.S. guidelines say elective Cesarean "may" be considered with an estimated fetal weight of 11 lbs. or greater.[1]

Question: What's the bottom line?

Answer: It's hard to predict if you're going to have a big baby or not, and we don't know which big babies will have problems during birth. Ask your care provider what their usual treatment is for suspected big babies, to get an idea of their routines. 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 team drills have been shown to decrease the chances of babies experiencing birth injuries.

> **"Ultrasounds are right about half the time and wrong about half the time when they predict a big baby."**

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