Estimating birth weight in tall women: Is ultrasound estimation more accurate than clinical assessment? A prospective trial. Yair Daykan, Maya Shavit, Hanoch Schreiber, Omer Weitzner, Maya Saron Weiner, Tal Biron-Shental, Ofer Markovitch. Department of Obstetrics and Gynecology, Meir Medical Center, Sackler School of Medicine, Tel Aviv University, Israel

**Objective**
Clinical and sonographic estimated fetal weight (EFW) are comparable among the general population. This study compared clinical and sonographic EFW among tall women (height 172 cm, 90th percentile).

**Methods**
In this prospective trial, tall pregnant women at term were assigned to undergo clinical and sonographic EFW. We included tall parturients that arrived for a prenatal visit at 40-weeks’ gestation or were in labor. Each woman served as her own control. Fetal weight assessors were blinded to the fetal weight estimation of the other method. After delivery, birth weight (BW) was compared to the clinical and sonographic EFW (Figure). The primary outcome was the accuracy of each method compared to the actual birth weight. A sample of 100 women was needed to achieve a clinically significant effect with a power of 80%.

**Results**
The mean maternal height was 175.7±3.3 (172-185) cm. The rate of macrosomia (BW>4,000 g) was 23%. Increased maternal age and BMI were risk-factors for macrosomia (p=0.028, p=0.001, respectively). The rates of clinical and sonographic underestimated BW were 25% and 6% respectively. Underestimation of BW was significantly higher in clinical compared to sonographic EFW (p<0.001; Table, Figure). When comparing the underestimated group to the accurate EFW, Vacuum-assisted vaginal delivery was more frequent in the clinically-underestimated BW group (p=0.047).

**Conclusions**
Birth weight is underestimated among tall woman. Ultrasound EFW is more accurate than clinical estimation. Ultrasound EFW should be considered in this population.