

## **Belly shape carrying low and carrying high gender myths**



### **The myth: carrying low means one sex, carrying high means another**

The classic version of the myth says that a low, forward-projecting abdomen means the baby is a boy, while a higher, wider, or more rounded abdomen means the baby is a girl. In some families and cultures, the prediction is reversed. The details vary, but the central claim is the same: visible belly shape is treated as a clue to fetal sex.

This belief is understandable. Pregnancy changes the body in visible ways, and humans naturally look for patterns. Family members may compare one pregnancy with another and remember the times the guess happened to be correct. Since there are usually only two expected outcomes when guessing fetal sex, chance alone can make the myth seem convincing.

However, medical explanations do not support the claim. University of Utah Health specifically notes that a person's belly shape does not determine whether the baby is a boy or girl. WebMD and Healthline similarly explain that carrying high or low is shaped by physical factors such as muscle tone, body type, fetal position, and pregnancy number, not fetal sex.

### **What carrying high or low actually means**

When people say someone is carrying high, they usually mean the uterus and abdominal prominence appear closer to the upper abdomen or rib area. Carrying low usually means the bump appears to sit lower in the pelvis or lower abdomen. These are visual descriptions, not precise diagnoses.

In clinical care, healthcare professionals use more structured observations. They may assess fundal height, which is the distance from the pubic bone to the top of the uterus after mid-pregnancy, and compare it with gestational age. They may also assess fetal presentation, fetal lie, amniotic fluid volume, placental location, and growth patterns when clinically indicated. These assessments are different from casual visual predictions.

A belly can look high because the uterus is still positioned higher in the abdomen, because abdominal muscles provide more support, or because of the pregnant person's torso length and posture. A belly can look low because the abdominal wall has stretched from previous pregnancies, because the fetus has descended later in pregnancy, because of pelvic anatomy, or simply because of how the uterus projects on that individual body.

### **Anatomy behind belly shape: muscles, uterus, posture, and body proportions**

Several anatomical factors contribute to the way a pregnant abdomen looks. None of them function as a reliable sex predictor.

**Abdominal wall tone:** Stronger or less-stretched abdominal muscles may hold the uterus more firmly and make the bump appear higher or more compact. After prior pregnancies, the abdominal wall may be more distensible, so the abdomen can project lower or farther forward.

**Parity:** First pregnancies often appear higher because the abdominal wall has not previously stretched to the same degree. University of Utah Health notes this as a common explanation for a higher-looking first pregnancy rather than an indicator of fetal sex.

**Torso length and pelvic shape:** A longer torso may give the uterus more vertical space, while a shorter torso may make the abdomen project outward sooner.

**Pelvic structure** can also affect how the uterus and fetus appear to sit.

**Posture and spinal curvature:** Lumbar lordosis, pelvic tilt, and the way a person stands can change how high or low the bump appears from the outside.

Fetal position: A fetus lying transverse, breech, head-down, anterior, or posterior can alter the contour of the abdomen. Position may change repeatedly, especially before the later third trimester.

Amniotic fluid and placental factors: Fluid volume and placental location can influence abdominal fullness, although these are clinical variables that require medical assessment rather than visual guessing.

## **Why first pregnancies often look different from later pregnancies**

One reason the carrying-high myth persists is that first pregnancies can look noticeably different from subsequent pregnancies. In a first pregnancy, the abdominal wall, uterine ligaments, and fascial support structures have not undergone the same prior stretching. As a result, the uterus may appear to sit higher or remain more compact for longer.

In later pregnancies, many people show earlier and carry differently. This does not mean the fetus is a different sex from the first baby. It more often reflects changes in abdominal wall compliance, uterine growth patterns, connective tissue adaptation, and the body's previous experience with pregnancy. Some people also perceive fetal movement earlier in later pregnancies because they recognize the sensation sooner, which can further make the pregnancy feel different.

It is also normal for the same person to have two pregnancies that look different even when fetal sex is the same. Fetal position, placental placement, weight gain distribution, fluid volume, and gestational age at comparison can all create visible differences.

## **Can belly shape reveal anything about fetal health?**

Casual belly shape is a poor screening tool for fetal health. WebMD emphasizes that belly size and shape do not reveal the baby's sex or health. A person may have a small-looking bump and a normally growing fetus, or a large-looking bump for reasons that are not dangerous. External appearance alone is too imprecise.

That said, clinicians do pay attention to uterine growth patterns. Fundal height that is significantly smaller or larger than expected may lead a healthcare professional to consider additional evaluation, such as ultrasound,

depending on gestational age, measurement technique, and the broader clinical picture. Possible considerations can include fetal growth restriction, larger-than-expected fetal size, multiple gestation, dating discrepancy, amniotic fluid variation, or uterine fibroids, among others. These are not diagnoses that can be made by looking at belly height.

If you are worried because your bump looks different from someone else's, try to remember that comparison is rarely useful. Pregnant bodies vary substantially. The more meaningful question is whether your pregnancy is being monitored appropriately and whether you have symptoms that warrant medical review.

### **Reliable ways fetal sex may be identified**

If a pregnant person wants to know fetal sex, medically recognized methods are much more reliable than belly shape. A mid-pregnancy anatomy ultrasound can often identify external genital anatomy when fetal position, gestational age, image quality, and operator factors allow. However, ultrasound visualization is not always perfect, and results should be discussed with the clinician or imaging professional.

Some prenatal blood tests, such as cell-free DNA screening, may report sex chromosome information. These tests are primarily used to screen for certain chromosomal conditions, and their ability to report fetal sex depends on the test type, timing, fetal fraction, and laboratory method. Diagnostic procedures such as chorionic villus sampling or amniocentesis can determine chromosomal sex, but they are invasive and performed for specific medical indications rather than casual curiosity.

Importantly, fetal sex prediction and gender are not exactly the same concept. Medical tests generally assess chromosomes or genital anatomy, while gender identity is a personal and social aspect of identity that cannot be determined before birth. Many everyday pregnancy myths use the word gender when they are really referring to fetal sex.

### **The emotional side of belly comments**

Even when comments are well-intentioned, hearing repeated opinions about

whether you are carrying high, low, wide, small, or large can be exhausting. Pregnant people may already be managing physical discomfort, body image changes, medical appointments, and uncertainty. Casual predictions can sometimes feel like scrutiny.

It is reasonable to set boundaries. You might say, "We're not using belly shape to guess," or "My clinician is monitoring growth, and I'd rather not discuss my size." If you enjoy playful guesses, that is also valid. The key is that the pregnant person gets to decide whether the conversation feels fun or stressful.

Supportive family and friends can help by focusing on comfort, practical needs, and emotional well-being rather than body commentary. Asking "How are you feeling?" or "What would be helpful this week?" is often more supportive than making predictions based on appearance.

### **When to seek medical advice about a low or high belly**

A belly that appears low or high is usually not an emergency by itself. However, you should contact your obstetric clinician, midwife, or maternity triage service if a change in abdominal shape is accompanied by concerning symptoms. Medical teams would rather hear from you early than have you wait because you assume something is "just normal pregnancy."

Concerns may include new severe abdominal pain, vaginal bleeding, regular contractions before term, leakage of fluid, fever, severe headache, visual symptoms, sudden swelling, or a noticeable decrease in fetal movement after movement patterns have become established. If you have been told you have a high-risk pregnancy, placenta-related concerns, cervical insufficiency, growth concerns, hypertension, diabetes, or a multiple pregnancy, ask your care team what specific changes should prompt a call.

For non-urgent concerns, bring up belly shape, fundal height, fetal position, or growth questions at your next prenatal visit. Your clinician can explain what they are monitoring and whether any additional evaluation is needed.