Elective Labor Induction

Congratulations on the upcoming birth of your baby! This is an exciting time. It is also, for many women, a time of questions. One of the most common questions asked by expectant mothers is, “When will my baby be born?” Many women also want to know if it is possible to plan the delivery date of their baby. Discuss the information in this handout with your healthcare provider. Together, the two of you can make the best decision for a positive birth experience for you and your baby.

When labor is electively induced before 39 weeks of pregnancy:

- Your baby is 2 to 3 times more likely to be admitted to intensive care. This will mean a longer and more difficult hospital stay for your baby. It may also make it harder for the two of you to breastfeed or bond.
- Your baby may have trouble breathing and need to be connected to a breathing machine (ventilator) to help him or her breathe.
- Your baby may have trouble maintaining body temperature and need to spend time in a warming area (incubator) to keep his or her body temperature stable.

When labor is induced when the cervix is not ready.

- You are more likely to have a longer labor – possibly twice as long. In a first-time pregnancy, labor could be a little over 9 hours when the cervix is ready. If the cervix is not ready, an average labor is about 22 hours. Longer labor and delivery means increased risk for you and your baby.
- You are 3-6 times more likely to need an unplanned C-section. This increases the risk of serious problems for you and your baby with your current pregnancy and any future deliveries.

For more information, please talk with your healthcare provider.
What is elective labor induction?
Sometimes, when a woman is nearing the end of her pregnancy, she may have her labor started (induced) rather than waiting for labor to begin on its own. This is called a labor induction. When your healthcare provider recommends a labor induction for your health or for the health of your baby, it is called an indicated labor induction. When labor is induced for a non-medical reason, for matters of convenience or preference, it is called an elective labor induction.

When is elective labor induction appropriate?
Electing to have your healthcare provider induce labor may appeal to you. You may want to plan the birth of your baby around a special date, or around your spouse’s or healthcare provider’s schedule. Or maybe, like most women during the last few weeks of pregnancy, you are simply eager to have your baby.

However, elective labor induction is not always best for your baby.
Inducing labor before you have completed 39 weeks of your pregnancy (one week away from your due date)—or before your cervix is ready—has risks. Your healthcare provider will follow the guidelines described here to help determine if and when elective labor induction is okay for you and your baby.

Your due date
When you became pregnant, your healthcare provider gave you an estimated due date for your baby. This is the date that your baby is expected to be full-term (40 weeks along) and ready to make an entrance into the world. Your due date is based on several factors:
- Information about your last menstrual period
- Urine or blood tests for pregnancy in the first trimester of pregnancy
- Early ultrasound measurements of your baby

Expert guidelines
The American College of Obstetricians and Gynecologists (ACOG) is a professional organization for doctors who deliver babies. The following guidelines are based on advice from this organization. Your healthcare provider uses these guidelines to make a safe decision about whether or not an elective induction is right for you and your baby. If you do not meet these guidelines, your healthcare provider may recommend letting labor take its natural course. Before inducing labor:
- Your healthcare provider must discuss with you if you have previously had a Cesarean delivery (C-section) or major surgery on your uterus to agree on the method of delivery.
- Your healthcare provider must be certain of your due date to prevent starting labor too early, before your baby is fully developed.

• You must be at least 39 weeks along in your pregnancy.
• Your cervix must be soft and ready to open (dilate). Your provider can tell this by examining your cervix to determine a Bishop Score, which is the standard measure for assessing the cervix’s readiness for labor. A Bishop Score of at least 10 for first-time moms (8 for others), is a common point of readiness. With this score, the likelihood of having a vaginal delivery after induction is similar to that of spontaneous labor.

Note: If your healthcare provider decides to schedule you for an elective induction, you will be given a tentative appointment date. Priority for bed space in the Labor and Delivery Unit is given to patients who are in natural labor and those having labor induced for a medical reason.