



Evidence that Empowers!

By Rebecca Dekker, PhD, RN

Question: What's the evidence for being electively induced at 39 weeks of pregnancy, one week before your estimated due date?

Answer: The best evidence we have on this comes from a large study called the ARRIVE trial that took place at 41 hospitals in the United States. The researchers randomly assigned (like flipping a coin) 3,062 first-time mothers to be induced at 39 weeks and 3,044 to *expectant management*. Expectant management meant you could wait for labor to begin on its own as long as birth occurred by 42 weeks and 2 days, or be induced for medical reasons at any time, or be induced electively after 40 weeks and 5 days.

Inducing labor at 39 weeks did not make a difference in the rate of death or serious complications for babies. For mothers, induction at 39 weeks was linked to a lower rate of Cesarean compared to expectant management (19% Cesarean rate versus 22%). The decrease in Cesareans with 39-week induction may have been mostly due to fewer people developing high blood pressure (9% versus 14%). There are plenty of ways for people to lower their risk of Cesarean besides 39-week induction, if they would prefer to wait for labor. Read our ARRIVE handout for more details: <https://evidencebasedbirth.com/ARRIVE>.

Question: What's the evidence for being electively induced at 41 weeks?

Answer: Two large randomized, controlled trials in 2019, both in midwifery-led care settings with low Cesarean rates, found benefits to elective induction at 41 weeks instead of continuing to wait for labor until 42 weeks. One study found fewer stillbirths and newborn deaths with 41 week and 0-2 day induction, and the other found better health outcomes for babies (e.g., fewer intensive care unit admissions, fewer low Apgar scores) with 41 week and 0-1 day induction. Both trials found that induction at 41 weeks improves health outcomes for babies without increasing the risk of Cesareans.

An earlier study called the Hannah Post-Term study found that waiting for labor after 41 weeks greatly increased the risk

of Cesarean for people who needed an induction for medical reasons, but not for people whose labor started on its own.

Question: What is the risk of stillbirth if someone declines elective induction and waits for labor to start on its own?

Answer: The risk of stillbirth rises gradually after 39 weeks and then increases more rapidly starting at 41 weeks.

39 weeks = 4 per 10,000

40 weeks = 7 per 10,000

41 weeks = 17 per 10,000

42 weeks = 32 per 10,000

The risk of stillbirth is higher for those giving birth to their first baby, or are older, plus-size, have health problems, or have a fetus with growth restriction. Racism (including prejudice and institutional racism) also increases stillbirth rates.

Question: What's the bottom line?

Answer: Recent evidence suggests that inducing labor at 41 weeks and 0-2 days instead of continuing to wait for labor could help reduce stillbirths and poor health outcomes for babies, especially among first-time mothers. Discussions about elective induction should take into account the mother's preferences, personal birth history, risk factors for stillbirth, chances of a successful induction (cervical ripeness), the facility's Cesarean rate with inductions, and alternatives.

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“When approaching or passing your estimated due date, you can talk with your provider about the pros/cons of waiting for labor to start on its own or planning an induction.”

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