Elective Induction of Labor

What is an induction?
Induction is having your labor started before going into natural labor (labor starting on its own). There are two kinds of induction:

A **medically indicated induction** means that your health care provider recommends that your labor be started (induced). This would be done for health reasons – your health or the baby’s.

An **elective induction** means that your labor is being induced for a non-medical reason. In other words, you want labor to be started because there are reasons you prefer a certain date.

Is an elective induction of labor okay?
Although there can be reasons that you want to deliver your baby on a certain date, an elective induction of labor may not always be good for you or for your baby. Inducing your labor before you are at least 39 weeks pregnant (one week away from your due date) or before your cervix is ready has risks for both you and for the baby.

*(Be sure to read Page 2 of this handout for more information about your due date.)*

What are the risks in having my labor induced?
If your labor is induced before your cervix (the opening to the uterus) is ready:

- You are more likely to have a longer labor, more than twice as long. A longer labor means more risk to you and to the baby.
- You are 3 to 6 times more likely to need an unplanned cesarean section. This increases the risk to you and your baby with this pregnancy and any future pregnancies and deliveries.

If your labor is electively induced before 39 weeks of pregnancy:

- Your baby is 2 to 3 times more likely to need special care or an intensive care nursery. This may make it harder for you to get to know your baby or to breastfeed.
- Your baby may have problems with breathing and may need help to breathe.
- Your baby may have problems keeping its body temperature warm and may need to stay in a baby warmer.
How will I know my due date?
When you started your prenatal care, your health care provider gave you an estimated due date. This is the date that your baby is expected to be full-term or 40 weeks. Your due date can be based on several factors:
• Your last menstrual period
• Lab testing
• Ultrasounds that estimate the size of your baby

Your health care provider will use national guidelines (from the American College of Obstetricians and Gynecologists) to decide whether an elective induction is safe for you and your baby.

Before inducing labor
• You must be at least 39 weeks pregnant.
• Your health care provider must be certain of your due date before starting your labor.
• Your cervix must be soft and ready to open (dilate). Your health care provider can tell this by examining your cervix.
• Your health care provider must know that you do not have a past history of a cesarean section or other major surgery on your uterus.
• Your prenatal record (record of your office visits) must be on the labor and delivery unit.

If you do not meet these expert guidelines, your health care provider may recommend that your labor start on its own. The decision to have your baby come on its own may be the best for you and for your baby.

Please discuss this information with your health care provider. Be sure to ask questions and discuss your concerns. Together, you and your health care provider can make the safest decision for you and for your baby.

Questions to ask your provider
• Do I need an induction? Is there a problem?
• How will you induce my labor?
• How long will the induction last?
• What are the risks or side effects of having an induction?
• What other choices do I have, including waiting?
• Would my baby be at risk if we waited?

Please note: If you and your health care provider decide to schedule an elective induction of labor, you will be given an appointment to come to the hospital. Depending on the number of mothers in labor, your appointment may need to be rescheduled.