You may find it easier to look at these figures as pictograms:

This graph below shows the overall risk of stillbirth (black line) and neonatal death (grey line) per 1000 births by stage of pregnancy after 37 weeks.

[illegible] 40 [illegible] 43 [illegible] a bab[illegible]

As there is no way of telling whether YOUR baby is at risk, the recommendation is to consider an induction by 42 weeks is to reduce the number of stillbirths that happen with prolonged pregnancies.

Your own risk may be different due to several factors such as being overweight (BMI over 30), underlying medical problems, your age, IVF conception, your ethnic background or clinical concerns that arise in your pregnancy. In these situations, your midwife and doctor will discuss an individualised plan with you.

What are the potential benefits and risks of having an induction?

The risks of induction, watching and waiting, or a planned caesarean will depend the reason you're being offered induction and your own personal circumstances.

- An induction of labour around 41 weeks may have the best chance of you achieving a vaginal birth and is not usually associated with an increased likelihood of caesarean birth.
- It may prevent a stillbirth occurring

H[illegible]

- If your pregnancy has been straightforward, your chance of a natural (vaginal) birth is highest if your labour starts spontaneously (by itself) and you plan to labour and birth on a midwife-led Birth Centre near to a Labour Ward
- Your choice of place of birth will be limited, as you may be recommended interventions (for example, oxytocin infusion, continuous baby (fetal) heart rate monitoring and epidurals) that are not available for a home birth or in a midwife-led Birth Centre
- You may be less likely to be able to use a birthing pool (if you require intravenous oxytocin)
- You may be more likely to need an assisted vaginal birth (using forceps or ventouse), which has an increased risk of a severe perineal tear (obstetric anal sphincter injury)
- An induced labour may be more painful than a spontaneous labour
- Your hospital stay may be longer than with a spontaneous labour

Timing of induction and birth outcomes

- Over 95% of labours will start spontaneously by 42 weeks so delaying an induction until then may reduce the need for this intervention at all
- But delaying it until after 42 weeks is associated with a higher likelihood of having a caesarean birth although these rates will be affected by the reason for the induction
- Where you plan to give birth (home, a hospital birth centre or a hospital labour ward) will also affect the chance of achieving a vaginal birth
- You may want to consider an informal method of induction known as a ‘membrane sweep’ at 40 and 41 weeks
- Evidence suggests that a sweep makes it about 20% more likely that you will go into labour without further interventions, but you are no more likely to avoid a caesarean or assisted birth.

Membrane sweep

To carry out a membrane sweep, your midwife or doctor sweeps their finger around your cervix during an internal examination. This action should separate the membranes of the amniotic sac surrounding your baby from your cervix. This separation releases hormones (prostaglandins), which may start your labour. Having a membrane sweep should not hurt, but expect some discomfort or slight bleeding afterwards.

What happens if I decline an induction?

If you prefer to not have an induction, you can [illegible] instead – wait for your baby to come on its own and your natural labour to start, while keeping an eye on how you and your baby are feeling.

If you choose to wait for your baby to come on its own, your midwife or doctor should explain about your situation and how this affects your personal risks and benefits.

You may be offered closer monitoring of you and your baby and this may include some extra appointments at the hospital including an ultrasound scan and monitoring your baby’s heartbeat. This is often called ‘[illegible]’.

Monitoring and using scans do not help predict or avoid problems that might happen suddenly and none of these tests can accurately predict whether your baby is more or less likely to have a stillbirth in the future, but can help to tell you how your baby is at the time of the scan or test.

You will be supported if possible to give birth where you had planned (Birth Centre, home or Labour Ward). If your baby doesn’t come on its own you will have the opportunity to revisit your options with your birth team.

[illegible]

You also have the option of having a planned caesarean birth rather than an induction if this is your choice.

Where can I go for more information?

[illegible]

You should also be given the Induction of Labour leaflet which has more information about the process and options around an induction.

[illegible]
Designed by Graphics (Print & Design), RD&E (Heavitree)