



Scheduled Deliveries Raise Risks for Mothers, Do Not Benefit Newborns

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Christopher Glantz, M.D., M.P.H.

Inducing labor without a medical reason is associated with negative outcomes for the mother, including increased rates of cesarean delivery, greater blood loss and an extended length of stay in the hospital, and does not provide any benefit for the newborn. As the number of scheduled deliveries continues to climb, it is important for physicians and mothers-to-be to understand the risks associated with elective induction.

The new findings, published in the February issue of the ***Journal of Reproductive Medicine***, only apply to women having their first child, and may not pertain to women having their second or third child.

“The benefits of a procedure should always outweigh the risks. If there aren’t any medical benefits to inducing labor, it is hard to justify doing it electively when we know it increases the risks for the mother and the baby,” said **Christopher Glantz, M.D., M.P.H.**, study author and professor of **Maternal Fetal Medicine** at the **University of Rochester Medical Center**.

In the past decade, scheduled deliveries have become commonplace, with physicians making elective inductions part of their routine obstetric care. Study authors cite social reasons, such as convenience and patient requests to deliver with “their” physician, for the ongoing increase in purely elective inductions.

While physicians and patients alike may assume that inducing labor is harmless, it does not work as well as natural labor: Since you are essentially starting the birthing process from ground zero, more problems are likely to arise.

“As a working professional and a mother, I know how tempting it can be to schedule a delivery to try to get your life in order, but there is a reason that babies stay in the womb for the full term,” said **Loralei Thornburg, M.D.**, an assistant professor who specializes in maternal fetal medicine. “Why put you and your newborn at risk if you don’t have to?”

Researchers found that approximately 34 percent of women who opted for elective induction of labor ultimately had a cesarean section, while only 20 percent of women who labored naturally underwent a cesarean delivery. Like elective induction, cesarean delivery naïvely may be seen as routine and risk-free, when in fact it is a major surgery and like all surgeries increases the risk of infection, respiratory complications, the need for additional surgeries, and results in longer recovery times.

Additionally, women who were induced had more bleeding – even after taking cesarean deliveries into account – and stayed in the hospital longer than women who delivered vaginally. Study authors calculate that for every 100 women who undergo elective induction, they spend an additional 88 days in the hospital compared to the same number of women who labor spontaneously. Although this may translate into only a



Loralei Thornburg, M.D.

matter of hours for some women, it represents increased costs for both the mother and the hospital when multiplied by large numbers of induced labors.

“Counseling women to steer clear of an elective induction can be challenging, but the bottom line is that medical reasons trump social reasons,” said **Eva Pressman, M.D.**, director of Maternal Fetal Medicine at the Medical Center. “If physicians are armed with information about the risks associated with elective induction they have a better chance of convincing their patients to avoid this route.”

While scheduled deliveries present multiple risks for the mother, researchers also found that they did not improve the health of newborns either. When women were induced, their babies were more likely to need oxygen immediately following delivery. They were also more likely to require specialized attention from members of the neonatal intensive care unit (NICU).

The study included 485 women who delivered their first child between January and December of 2007 at the University of Rochester Medical Center. The major strength of this study is that, unlike most prior studies, researchers reviewed each mother’s and baby’s medical chart, as opposed to relying on medical coding. Evaluating each chart allowed researchers to figure out exactly why women were induced and what the complications were, catching subtle details that may have otherwise been overlooked.

As opposed to women having their first baby, women who have already had a child may actually respond more favorably to induction. “If you’ve delivered once before, your body knows the drill and can do it again,” said Glantz.

Though elective inductions are not outside the standard of care, physicians should be cognizant of the associated risks and communicate these risks to women considering the procedure. In an effort to better address this issue at the University of Rochester Medical Center, the department of Maternal Fetal Medicine is applying for a grant to help put procedures in place that will prevent elective induction of labor before 39 weeks.

“Past research has shown that inducing labor early without a legitimate medical reason is risky, and this study further validates these findings” said Thornburg.

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