

Obstetrics

Induction of labour for pregnancy lasting longer than 41 weeks: helping you decide

Information for patients, relatives and carers

Introduction

Your midwife or doctor will explain why an induction is being offered and your options. Use this guide to help you decide if or when inducing labour might be right for you and your baby.

If your pregnancy has been straightforward, induction will be offered from around 41 weeks if your labour has not started by itself (spontaneously).

Pregnancy lasting longer than 41 weeks is sometimes called 'post-dates', 'overdue' or 'prolonged pregnancy', because it happens after your estimated due date.

What are the potential benefits of induction around 41 weeks?

Some of the risks associated with pregnancy continuing beyond 41 weeks increase over time.

- induction may stop a stillbirth or perinatal death from happening
 - at 40 weeks, there is a 1 in a 1,000 or 0.1% chance of stillbirth
 - at 41 weeks, there is a 1.8 in a 1,000 or 0.2% chance of stillbirth
 - at 42 weeks, there is a 3 in a 1,000 or 0.3% chance of stillbirth
 - at 43 weeks, there is a 6.5 in a 1,000 or 0.7% chance of stillbirth
- induction may reduce the chance of your baby spending time on the neonatal unit
- an induction of labour around 41 weeks may give you the best chance of a vaginal birth. Prolonging pregnancy has an increased likelihood of caesarean birth

What are the potential risks of induction around 41 weeks?

- induction of labour is a medical intervention. This means it will have an impact on your birth options and your experience of the birth process. For example, it will affect the choice of where you give birth, how your baby is monitored in labour, and the likely length of time you need to stay in hospital

- delaying an induction may reduce the need for this intervention at all
 - by 40 weeks, 50 out of 100 (50%) labours will have started spontaneously
 - by 41 weeks, more than 80 of 100 (82%) labours will have started spontaneously
 - by 42 weeks, almost 100 out of 100 (99%) of labours will have started

Using the BRAIN acronym can be helpful when making decisions

B	benefits	what are the benefits to me and my baby?
R	risks	how will it affect me and my baby, and our birth experience?
A	alternatives	what other options are available?
I	instinct	how do I feel about this?
N	nothing	what happens if I do nothing?

Your own risk may be different due to several factors. These may include:

- being a smoker
- being overweight (BMI over 30)
- ethnic background
- clinical concerns that arise in your pregnancy
- having an underlying medical problem
- IVF conception

Your doctor may discuss these with you when making your decision. If you decide to wait for spontaneous labour, your doctor or midwife may discuss your decision again if you wish. They may discuss it if additional concerns arise at any later reviews.

Where can I go for more information?

For more information on the induction process, membrane sweeps and alternatives to induction, scan the QR code below or visit the Imperial College Healthcare NHS Trust web site: [Induction of labour \(imperial.nhs.uk\)](https://www.imperial.nhs.uk/induction-of-labour)

