

# Unnecessary labor induction increases risk of complications: study

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A University of Adelaide study has revealed that inducing labor in pregnant women when it's not medically necessary is more likely to result in complications at birth.

Elective induction is becoming more common around the world, with many women being induced for social and other non-medical reasons.

Dr Rosalie Grivell from the University of Adelaide's Robinson Institute has studied the data of more than 28,000 births from across South Australia, from 2006 to 2007.

She compared cases in which women had undergone spontaneous onset of [labor](#), induction of labor for recognized medical reasons, and induction of labor for "non-recognized" reasons.

Compared with women who entered labor spontaneously, induction for non-recognized reasons was associated with a 67% increased chance of requiring a [cesarean section](#).

It also significantly increased the chance of the [newborn infant](#) requiring nursery care in a Special Care Baby Unit (an increased risk of 64%) or requiring treatment (an increased risk of 44%) compared with infants born following spontaneous onset of labor.

"Our research is aimed at better understanding the optimal timing and management of labor and birth for women with an uncomplicated

pregnancy," Dr Grivell said.

"We hope our findings will increase awareness of the potential harmful effects that elective induction can have on both women and their infants. In the absence of serious maternal or fetal problems or a medical recommendation, induction of labor is best avoided."

Dr Grivell said the lowest risk of adverse complications both for mother and baby occurred with the spontaneous onset of labor between 38 and 39 weeks.

"While a natural birth is not always possible for women who already have [complications](#) in pregnancy, the results of this study suggest that for [women](#) whose pregnancy is uncomplicated, awaiting the spontaneous onset of labor is best," Dr Grivell said.

**More information:** This study has been published in the journal *Acta Obstetricia et Gynecologica Scandinavica*.

Provided by University of Adelaide

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