

Policy changes in elective delivery proven successful

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In a study to be presented on February 14 at the Society for Maternal-Fetal Medicine's annual meeting, The Pregnancy Meeting, in San Francisco, California, researchers will present data showing changes in elective delivery policy have been successful in reducing elective deliveries prior to 39 weeks.

Due to the troubling trend of elective delivery and induction, significant attention has been paid to the neonatal benefits of reducing elective deliveries before 39 weeks, both on the national and institutional level. Elective delivery or induction before 39 weeks can lead to bad outcomes for infants including feeding problems, trouble maintaining temperature, having to spend time in the [neonatal intensive care](#) unit, and can even put the infant at risk of death.

Studying [singleton births](#) at tertiary care centers from 2006 - 2011, researchers at the Brigham and Women's Hospital in Boston, Ma. found an overall decrease in the proportion of term deliveries that occurred between 37-38 weeks.

"We found a significant reduction in both early elective inductions and early elective cesareans," said Sarah Little, of Brigham and Women's Hospital. "We even found a decrease in inductions for indications considered non-elective."

However, researchers found no significant change in neonatal or maternal morbidity and also found a nonstatistically significant increase

in the rate of stillbirths after 37 weeks. Further study on a much larger scale is needed to accurately assess any increased risk from prolonging [high risk pregnancies](#) to 39 weeks.

Provided by Society for Maternal-Fetal Medicine

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