

Elective induction at term tied to lower odds of cesarean

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Blair G. Darney, Ph.D., M.P.H., from the Oregon Health & Science University in Portland, and colleagues conducted a retrospective cohort study to compare elective induction at term with expectant management for maternal and neonatal outcomes. Hospital discharge and vital statistics data for all deliveries without previous cesarean delivery in California in 2006 were analyzed (362,154 deliveries).

The researchers found that, compared with expectant management, the odds of cesarean delivery were lower among women with elective induction across all gestational ages and parity (odds ratios: 0.44 at 37 weeks; 0.43 at 38 weeks; 0.46 at 39 weeks; and 0.57 at 40 weeks). There was no evidence of increased odds of severe lacerations, operative vaginal delivery, perinatal death, neonatal intensive care unit admission, respiratory distress, shoulder dystocia, or macrosomia at any term gestational age. Increased odds were seen for hyperbilirubinemia at 37 and 38 weeks of gestation and for shoulder dystocia at 39 weeks of gestation, with elective induction.

"Elective induction of labor may decrease risk of cesarean delivery when compared with expectant management," the authors write.

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