

# AWHONN recommends reducing overuse of labor induction

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The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) is calling upon healthcare providers and pregnant women to avoid induction of labor at any time during pregnancy unless it is medically necessary.

Approximately one-in-four U.S. births are induced, a number that has more than doubled since 1990. While there are limited data to distinguish how many of these inductions are for medical and non-medical reasons, there is no data to suggest that the significant increase in the induction rate is attributable to a similar rise in [medical problems](#) during pregnancy.

According to a position statement to be published in the September/October issue in AWHONN's *Journal of Obstetric, Gynecologic, & Neonatal Nursing (JOGNN)*, researchers have demonstrated that inducing [labor](#) without a medical reason increases the risks for complications for both mother and baby, and should not be done except when medically necessary, and especially not for convenience.

Nurses are on the frontlines of healthcare and see first-hand the harmful effects for moms and babies of using medications to help start or speed labor when there is no medical reason to do so. Furthermore, most people are unaware that giving such medication without a reason causes significant unnecessary immediate and long-term risks for a mother and baby.

For Moms: Induced labor is associated with an increased risk for hemorrhage (severe bleeding) when compared with spontaneous labor. Hemorrhage increases the risk for blood transfusion, hysterectomy, a longer hospital stay, more hospital re-admissions, and sometimes even death. Induction is also associated with a significantly increased risk of cesarean birth, which is major surgery. Cesarean surgery increases the risk for infection, abnormal attachment of the placenta to the uterus in future pregnancies that can lead to life-threatening situations and hysterectomy, as well as complications and potentially life-long pain from abdominal scar tissue.

For Babies: Induction can result in more fetal stress, more respiratory illness, more separation from the mother, interrupted bonding, and less breastfeeding. Breastfeeding protects against childhood illnesses, obesity and many chronic illnesses such as diabetes. Additionally, when complications occur, babies are more likely to be admitted to a neonatal intensive care unit, have longer hospital stays, and more hospital re-admissions. These results are costly.

"The medication commonly used to induce labor, oxytocin, is a high-alert medication and [pregnant women](#) and their fetuses are a vulnerable population," said AWHONN's Chief Executive Officer Lynn Erdman, MN, RN, FAAN. "Until we better understand the implications of administering artificial hormones to women and fetuses, nurses' advice is to limit induction and allow labor to begin on its own when all is healthy." High-alert medications are those that carry an increased risk of causing significant harm, when used in error, compared with other medications.

There are significant health benefits for the woman and fetus when labor starts on its own. Since 2012, AWHONN nurses have advocated for women and infants to gain the benefits of spontaneous labor through a national public health campaign, Go the Full 40. Naturally occurring

hormones prepare the woman and fetus for labor and birth. These hormones make labor more efficient, with less stress for the fetus, than induced labor. Spontaneous labor triggers hormones that provide:

- natural pain relief,
- help calm the woman during labor,
- facilitate normal detachment of the placenta from the uterus,
- increase mother-baby attachment after birth,
- enhance breastfeeding,
- warm the mother's skin which helps to warm the baby,
- clear fetal lung fluid, and
- ensure the transfer of maternal antibodies to the fetus, which makes the newborn less vulnerable to infections, has occurred prior to birth.

Research on the risks of elective augmentation of labor (speeding up labor with medications or other means without a medical reason) is limited, but many of the risks associated with elective induction also may extend to augmentation, since the same high-alert medication is used.

"As inductions are becoming increasingly common in the U.S., the health care community, mothers, and families need to understand the risks and the potential 'cascade of medical issues' that can be caused by inducing labor without a medical need," Erdman said.

"We strongly recommend that women with healthy pregnancies wait for spontaneous labor to begin and progress on its own. AWHONN bases this recommendation on research that shows that babies benefit from the full 40 weeks of gestation and waiting reduces the risks associated with inductions," Erdman said.

AWHONN supports the implementation of hospital policies that

eliminate overuse of induction and augmentation of labor, supports spontaneous labor when mother and fetus are healthy, and increased funding for research and education related to spontaneous versus induced labor. AWHONN calls on nurses, childbirth educators, physicians, and midwives to proactively discuss the risks and benefits of induction and spontaneous labor with pregnant women so they are fully informed about the effects and risks of induction without medical need. Additionally, the association urges public health leaders and insurers to adopt payment policies that discourage [obstetric](#) providers and institutions from performing non-medically indicated induction and augmentation of labor and implementation of policies and practices that support spontaneous labor.

Provided by The Association of Women's Health, Obstetric and Neonatal Nurses

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