

Oregon's hard-stop policy tied to drop in elective early delivery

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(HealthDay)—Introduction of the hard-stop policy in Oregon was

associated with a reduction in elective early-term deliveries, according to a study published in the December issue of *Obstetrics & Gynecology*.

Jonathan M. Snowden, Ph.D., from the Oregon Health & Science University in Portland, and colleagues conducted a population-based retrospective cohort study of Oregon births from 2008 to 2013. They examined the outcomes of induction of labor and [cesarean section](#) at 37 or 38 weeks of gestation without a documented indication on the birth certificate before and after the Oregon hard-stop policy (2008 to 2010 and 2012 to 2013, respectively).

The researchers observed a decrease in the rate of elective inductions before 39 weeks of gestation, from 4.0 percent in the pre-policy period to 2.5 percent during the post-policy period (P neonatal intensive care unit admission, stillbirth, or assisted ventilation; chorioamnionitis increased from 1.2 to 2.2 percent (adjusted odds ratio, 1.94; P

"Oregon's statewide policy to limit elective early-term delivery was associated with a reduction in elective early-term [deliveries](#), but no improvement in maternal or [neonatal outcomes](#)," the authors write.

More information: [Full Text \(subscription or payment may be required\)](#)

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