

Inducing labor at 39 weeks may benefit pregnant women and their babies

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As the prevalence of maternal and fetal complications increases with advancing pregnancy beyond 39 weeks, induction of labor at 39 weeks has been proposed as a means to ensure optimal maternal and newborn health.

An Ultrasound in *Obstetrics & Gynecology* analysis of data from five [randomized controlled trials](#) found that [elective induction](#) of labor in uncomplicated singleton pregnancy from 39 weeks' gestation is not associated with higher rates of complications and, in fact, may reduce the risk of cesarean section, hypertensive disease of pregnancy, and need for respiratory support in newborns.

"We now have enough data from uncomplicated singleton pregnancies to support the finding that induction of labor from 39 weeks' gestation seems a safe and potentially beneficial option for women," said lead author Dr. Alexandros Sotiriadis, of the Aristotle University of Thessaloniki, in Greece. "Before undertaking induction of labor in low-risk pregnancies, women need to be aware that it can lead to a more prolonged and painful process than spontaneous labor. Maternity services will also need to consider the impact of widespread labor induction on staffing and capacity of [labor](#) wards."

More information: Alexandros Sotiradis et al, Maternal and perinatal outcomes after elective labor induction at 39 weeks in uncomplicated singleton pregnancies: a meta-analysis, *Ultrasound in Obstetrics & Gynecology* (2018). [DOI: 10.1002/uog.20140](https://doi.org/10.1002/uog.20140)

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