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Waiting for birth or inducing found equally effective for women with IUGR

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In a study to be presented today at the Society for Maternal-Fetal Medicine's (SMFM) annual meeting, The Pregnancy Meeting, in Chicago, researchers will unveil findings that show that waiting for birth is as effective as inducing labor in cases of intrauterine growth restriction (IUGR).

Intrauterine growth restriction means that the fetus is substantially smaller than normal. The condition affects about 10% of pregnant women.

At birth the babies are more likely to have low blood sugar, trouble maintaining their body temperature, and an abnormally high red blood cell count. They're also prone to jaundice, infections, and Cerebral Palsy. Later in life growth restricted babies may be prone to executive and behavioral disorders, obesity, heart disease, type II diabetes, and high blood pressure.

Because of lack of evidence, obstetricians follow two main policies for pregnancies with suspected fetal growth restriction at term. Some doctors may induce labor out of concern for complications, while others will await spontaneous delivery to prevent higher operative delivery rates. Researchers in the obstetric research consortium in the Netherlands conducted a randomized controlled trial of 650 women in 52 hospitals to compare both strategies.

Pregnant women with a singleton pregnancy suspected of IUGR beyond

36 weeks of gestation were randomly allocated to either induction of labor or expectant monitoring using a web-based allocation system. Median birth weight was significantly lower in the induction group; 2420 grams, vs. 2560 grams in the group that waited. Adverse neonatal outcomes occurred at similar rates in both groups (difference of 0.9 %). The results show that waiting is an equally effective strategy to inducing labor.

"We now have an evidence based reason to individualize care and to allow women to do what they are most comfortable with when deciding whether to induce labor or wait, although long term outcomes have to be awaited" said Dr. Kim Boers the study's author from Leiden University Medical Center in the Netherlands.

Provided by Society for Maternal-Fetal Medicine

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