Elective Labor Induction: When is it okay?

What is elective labor induction?
Labor induction means inducing (starting) labor, rather than waiting for labor to begin on its own. When labor is induced for a nonmedical reason—such as for personal choice or convenience—it’s called an elective labor induction.

When is elective labor induction okay?
Electing to have your healthcare provider induce labor may appeal to you. You may want to plan the birth of your baby around a special date or around your spouse’s or healthcare provider’s schedule. Or maybe, like most women during the last few weeks of pregnancy, you’re simply eager to have your baby. However, elective labor induction isn’t always best for your baby. Inducing labor before you are at least 39 weeks along in your pregnancy (one week away from your due date)—or before your cervix is ready—has risks. Your provider will follow the guidelines described in this handout to help determine if and when elective labor induction is okay for you and your baby.

Making sure you’re a good candidate for elective induction
Intermountain Healthcare follows national guidelines that limit elective inductions to women meeting certain standards. Your healthcare provider uses these guidelines to make a safe decision about whether or not an elective induction is right for you and your baby. If you don’t meet these guidelines, your healthcare provider may recommend letting labor take its natural course.

What do I need to do next?
1. Read about the national guidelines for (see below), and risks of (see page 2), elective labor induction.
2. Discuss elective labor induction with your healthcare provider if it is appealing to you.

Before inducing labor, your provider must:
- Confirm that there’s nothing in your medical or pregnancy history that would make an induction dangerous for you or your baby. This includes certain previous uterine surgeries and certain positions of the baby or the placenta in the uterus.
- Be certain of your due date and know that you are at least 39 weeks along in your pregnancy. This helps make sure that labor isn’t started too early or before your baby is fully developed.
- Determine that your cervix is soft and ready to dilate (open). Your provider can check your cervix to determine a Bishop score. This score is the standard way to see if the cervix is ready for labor.

Your due date
When you became pregnant, your healthcare provider gave you an estimated due date for your baby. This is the date that your baby is expected to be full-term (40 weeks along) and ready to make an entrance into the world. Your due date is based on several factors:
- Information about your last menstrual period
- Results from various lab tests
- Size of your baby based on ultrasound results
What are the risks of elective labor induction?

Before 39 weeks of pregnancy, the risks of elective labor induction are:

- **Your baby is 2 to 3 times more likely to be admitted to intensive care.** This will mean a longer and more difficult hospital stay for your baby. It may also make it harder for the two of you to breastfeed or bond.

- **Your baby may have trouble breathing** and need to be connected to a ventilator (breathing machine) to help them breathe.

- **Your baby’s brain may not be fully developed,** which increases the risk of learning and behavior problems later in life. This is one of the main points of the new Healthy Babies Are Worth the Wait campaign from the March of Dimes.

- **Your baby may have trouble maintaining body temperature** and need to spend time in an incubator (warming area) to keep their body temperature stable.

Note: If your healthcare provider decides to schedule you for an elective induction, you'll be given a tentative appointment date. Priority for bed space in the Labor and Delivery unit is given to patients who are in natural labor and those having labor induced for a medical reason.

### Questions for my doctor

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