



Evidence that Empowers!

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Question: Is my due date correct?

Answer: Early ultrasounds (especially between 11-14 weeks) are more accurate than using the last menstrual period, even if you're certain about your dates. Women are nearly four times more likely to go "overdue" if their due date was set by the last menstrual period instead of an ultrasound date.

Question: How long is a normal pregnancy? Is it really 40 weeks?

Answer: There is no such thing as an exact due date. Instead, there is a normal range of time in which most people give birth. Half of pregnant people go into labor naturally by 40 weeks and 5 days, and the other half go longer. Most people (90%) will go into labor on their own by 42 weeks. Instead of sharing your "due date" with friends and family, consider sharing a guess date or due month!

Question: What's the evidence for being electively induced for reaching 41 or 42 weeks?

Answer: Much of the research on induction at 41-42 weeks comes from a large study that took place in the 1980s. This study found that there were slightly lower Cesarean rates in women who were randomly assigned to labor induction at 41 or 42 weeks, compared to those waited for labor to start on its own. However, some of the people in the "waiting" group ended up being induced. The lowest Cesarean rates in both arms of the study occurred in people who went into labor spontaneously.

People who were assigned to "wait" for labor, but ended up being induced later (for medical reasons, or because the mother requested it), had the highest Cesarean rates in the study.

Question: Does elective induction lower the risk of stillbirth?

Answer: Other researchers have found elective induction at 41- 42 weeks may decrease the risk of stillbirth or newborn

death. It is thought that there would need to be 328 to 410 elective inductions at 41 weeks in order to prevent one stillbirth or newborn death.

Question: What is the risk of stillbirth if someone declines an elective induction and waits for labor to start on its own?

Answer: The risk of stillbirth rises gradually after 39 weeks and then increases more rapidly starting at 42 weeks.

39 weeks = 3.5 per 10,000

40 weeks = 4.2 per 10,000

41 weeks = 6.1 per 10,000

42 weeks = 10.8 per 10,000

The chance of stillbirth is higher in people who are African American, are giving birth to their first baby, or are older, overweight, have health problems, or have a baby that is small for gestational age (growth restriction).

Question: What's the bottom line?

Answer: Any conversation about elective induction should take into account the mother's preferences, personal birth history, risk factors for stillbirth, chances of a successful induction (how "ripe" the cervix is), and alternatives.

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“ People should talk with their providers about the pros and cons of waiting for labor to start on its own or induction at 41 and 42 weeks.”

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