



Choices When Pregnancy Reaches 41 Weeks

If your pregnancy goes past the date your baby is due you will have some choices. It is important that you are able to make a decision which is right for you and your family. This leaflet will give you some of the information you will need to help you to make this choice.

This leaflet was produced by a team led by Midwife Allison Farnworth who is funded by a National Institute for Health Research Knowledge Mobilisation Fellowship


***National Institute for
Health Research***

Who is this leaflet for?

This leaflet is for women who are near to the due date of their pregnancy and whose pregnancy is 'low risk'. Being low risk means that:

- You and your baby are healthy and well
- You are planning to have a normal delivery
- Your waters have not broken
- You have not previously had a caesarean delivery
- You are having one baby only, and your baby is in the 'head down' position

What are the options for women whose pregnancy goes over the due date?

Pregnancy normally lasts between 37 and 42 weeks. When a pregnancy goes past the 'due date' (40 weeks of pregnancy) women are given a choice about whether they wish to:

- continue their pregnancy
- have a procedure called induction of labour at around 41 weeks of pregnancy

Only you can decide which choice would be right for you. This leaflet is designed to help you to make that choice by giving you some information about what each option involves, and explaining some of the risks and benefits of each option.

To begin with, the next page explains what the options involve.

Induction of labour at 41 Weeks

Induction is a procedure designed to start off labour so that the baby is born earlier than if the mother waited for labour to start naturally. There are different ways to induce labour.





If the neck of the womb (cervix) is closed then drugs (prostaglandins) are usually used to soften and open it. Once the cervix has opened, the midwife or doctor providing your care will usually ask if they can break the bag of waters around the baby. Often another drug (syntocinon) is needed to make the contractions strong and regular. This drug is given by a drip which goes into a vein in your hand or arm. It often takes 1-2 days from the start of an induction to the birth of the baby although it can be shorter, especially if the cervix is already opened at the start of the induction and the bag of waters around the baby can be broken straight away. Occasionally induction does not start labour off and in these cases a caesarean section is usually offered.

Continuing Pregnancy at 41 Weeks

Continuing pregnancy at 41 weeks means waiting for labour to start naturally. Women who choose this option continue to receive care from the hospital while they are still pregnant. If the pregnancy continues more than 2 weeks after the due date extra visits at the hospital are usually advised to monitor the health of the mother and the baby. Some women who choose this option go into labour naturally and other women who choose this option are induced at a later point in their pregnancy (either because the woman chooses this or because problems develop which mean that induction becomes advisable).

Comparing the Options

When you compare these options it is important to consider that not all women who continue pregnancy at 41 weeks go into labour naturally: some women have an induction at a later point in their pregnancy for the reasons shown below.

If you choose induction of labour at 41 weeks		You will have an induction of labour at around 41 weeks of pregnancy
If you choose to continue your pregnancy at 41 weeks		Your labour might start naturally
		A problem may develop which means induction of labour becomes advisable
		Your labour may not start naturally and you choose induction of labour later than 41 weeks of pregnancy

When induction happens later than 41 weeks of pregnancy it is less likely to result in a normal birth and more likely to involve complications. For this reason, the information provided in this leaflet compares what happens to women who are induced at 41 weeks with women who continue their pregnancy at this stage (including both those who go into labour naturally and those who do not). Because you do not know when or whether you will go into labour naturally, looking at it this way gives you the most accurate information about your options.

How do these options affect birth?



Many women want to know how induction affects the type of birth women have. There are three main types of birth:

A Normal Vaginal Birth

The baby is born vaginally, head first, and without any help from forceps or a ventouse (a suction cup which goes on the baby's head)

An Assisted Vaginal Birth

This is a birth where help is given to deliver the baby vaginally, using either forceps or a ventouse

A Caesarean Section

This is when the baby is delivered through a cut in the mother's abdomen (tummy).

Research shows that, at 41 weeks of pregnancy, women who have an induction of labour have a similar chance of having a normal vaginal birth as women who continue their pregnancy¹. The diagram opposite shows the types of delivery women have whether they are induced at 41 weeks, or they continue their pregnancy at, or beyond, 41 weeks.

¹ This information on pages 4-9 of this leaflet comes from a research study conducted in Scotland involving over a million women. See page 15 for more information about this

Of women who continue pregnancy at 41 weeks



- About 7-8 out of 10 women have a normal vaginal birth
- About 1-2 out of 10 women have an assisted vaginal birth
- About 1 out of 10 women have a caesarean birth

Of women who are induced at 41 weeks



- About 7-8 out of 10 women have a normal vaginal birth
- About 1 out of 10 women have an assisted vaginal birth
- About 1 out of 10 women have a caesarean birth

How does the choice affect the health of mothers and their babies?

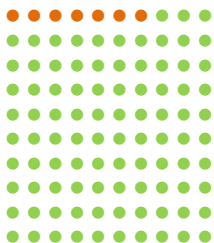
Pregnancy and birth past the due date are usually safe and straightforward for women and their babies, but occasionally problems can develop. Some problems are more likely to happen depending on whether induction or continued pregnancy is chosen - this part of the leaflet explains some of those differences.

Admission of baby to a Neonatal or Special Care Unit

Sometimes babies need extra care following birth in a separate ward to their mother (called a Neonatal Intensive Care Unit or a Special Care Baby Unit). Most babies recover from this well and do not have any long-term problems. The following diagram shows that the chance of a baby being admitted to a special care or neonatal unit is very similar whether or not pregnancy continues or labour is induced at 41 weeks. The red dots show how many babies are affected out of 1000 births, the green dots are babies not affected.

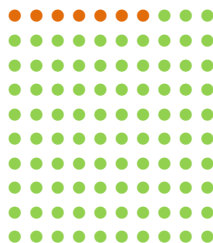
Continued pregnancy

Chance of baby being admitted to a special care unit is around 7 in every 100 women (6.9%)



Induction of Labour

Chance of baby being admitted to a special care unit is around 7 in every 100 women (6.6%)

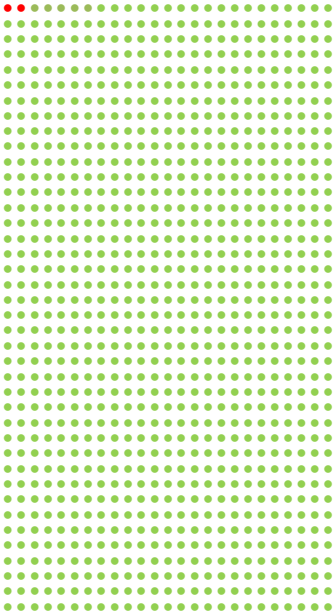


Stillbirth

Sadly, very occasionally, babies can die during pregnancy, birth or shortly after birth. In a healthy 41 week pregnancy the chance of this happening is very low, whether or not labour is induced. The diagrams below show that pregnancies induced at 41 weeks are slightly less likely to be affected than pregnancies which continue at this stage.

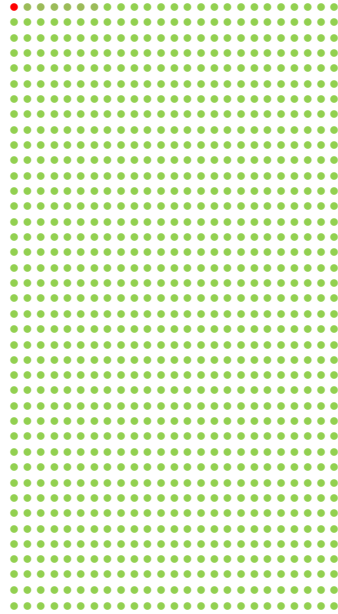
Continued Pregnancy

Risk of baby dying is
between 1 and 2 in every
1000 births (or 0.16%)



Induction of Labour

Risk of baby dying is less
than 1 in every
1000 births (or 0.07%)



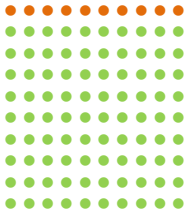
Extra monitoring for pregnancies over 42 weeks for women who continue their pregnancy is advised, but it is important for you to know that this cannot identify all pregnancies which will be affected by stillbirth or death in the newborn period.

Heavy Blood Loss

It is normal for women to lose some blood after birth but sometimes the bleeding can become heavy; if more than half a litre of blood is lost this is called a post-partum haemorrhage. A post-partum haemorrhage can leave women feeling weak for some time following birth and sometimes extra treatments are needed (for example, a blood transfusion). The chance of a haemorrhage happening is slightly less for women who are induced than for women who continue their pregnancy at 41 weeks.

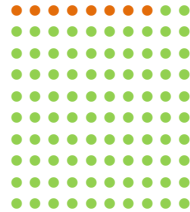
Continued pregnancy at 41 weeks

Chance of haemorrhage
at delivery is
around 10 in every 100
births (9.6%)



Induction of Labour at 41 weeks

Chance of haemorrhage
at delivery is
around 8 in every 100
births (7.9%)

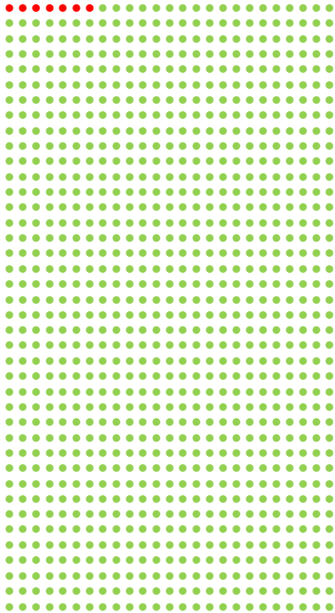


Large perineal tear (anal sphincter tear)

When a baby is born vaginally the perineum (the area between the vagina and the anus or back passage) can sometimes tear. Most times the tear is small but the tear can be bigger and damage the anus. This needs an operation to repair and can result in the mother experiencing pain and having difficulty controlling bowel movements. It is a rare event (occurring in less than 1 in 100 births). It happens very slightly more often to women whose labour is induced at 41 weeks compared to women who continue pregnancy at this stage.

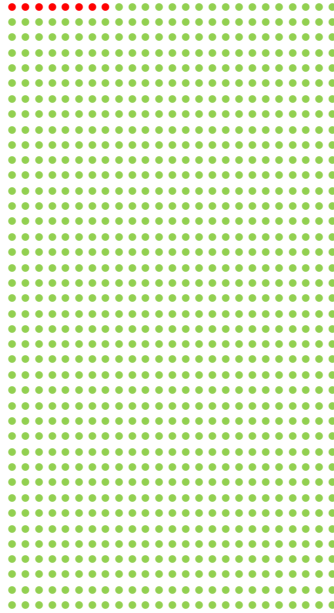
Continued Pregnancy

Risk of a large tear to the perineum is around 7 in every 1000 births (or 0.67%)



Induction of Labour

Risk of a large tear to the perineum is around 8 in every 1000 births (or 0.75%)



The experience of induction and continuing pregnancy at 41 weeks



What do women say about continuing pregnancy?

This varies from woman to woman. Some women feel very strongly that they would prefer their labour to start and continue as naturally as possible, and some describe feeling more in control if they avoid induction. This is especially true if they have particular wishes for their birth which induction would interfere with.

Other women feel tired and worried about waiting longer than 41 weeks of pregnancy, especially if labour does not start for some time or if problems develop later in the pregnancy. After 42 weeks of pregnancy it is important to monitor the pregnancy more closely for developing complications and this involves frequent trips to the hospital; some women find this inconvenient and time consuming. After 42 weeks of pregnancy some birth options may no longer be available to women (for example, not all midwifery led birth units accept women if they are over 42 weeks of pregnancy).

What do women say about induction of labour?

This also varies from woman to woman but research shows that compared to women who go into labour naturally, women who are induced describe themselves as less satisfied with their experience of birth, and rate their labour pain as being stronger.

Induction can sometimes make contractions happen too close together (called hyper-stimulation) so extra monitoring is needed during an induction; this involves using a monitor strapped to your belly to record the baby's heartbeat and it can make it more difficult for women to move around during labour. Induction also means that some birth options are not available (for example, homebirth).

On the other hand some women like having more idea about when and where their labour will start, and when and where their baby will be born. Some women also feel tired and uncomfortable in late pregnancy and prefer to not to wait for their labour to start naturally. Compared to pregnancies which continue at 41 weeks, labours induced at 41 weeks also tend to be a little shorter (by around an hour).

What do women say about making a choice?

Research with women in late pregnancy shows that many women believe they have to be induced once they reach a certain point in their pregnancy. This is not true! It is your body and your baby so the decision to be induced or continue pregnancy at 41 weeks is yours. Some women find it easy to make this decision and others find it difficult and want more support. Your midwife or doctor can help you to decide by answering any questions you have and talking through the options with you.

Summary

This table gives you a summary. Remember, this information only relates to women who have a low risk pregnancy (see page 1) and who are considering induction at 41 weeks of pregnancy.

	Continued Pregnancy at 41 weeks
A caesarean birth	Happens in around 96 in every 1000 births
A normal vaginal birth	Happens in around 757 in every 1000 births
Baby admitted to a special care unit	Happens following around 69 in every 1000 births
Death of the baby	Happens to around 1-2 in every 1000 births
Haemorrhage	Happens during around 96 in every 1000 births
Large perineal tear	Happens during around 7 in every 1000 births
Going into labour	You might go into labour naturally, but you may also be induced at a later point of your pregnancy
Continuous monitoring during labour	<u>If your labour starts and progresses normally</u> you will usually not need this
Knowing when labour will start	You will not know how long it will be until your labour starts and your baby is born
Birth Options (e.g. waterbirth, homebirth)	You will need to check with your local midwife or doctor whether options such as hospital water birth or use of a midwifery led birthing centre would be available to you after 41 weeks of pregnancy.
Pain in labour	Labour pain usually begins gradually.

The figures would be different for pregnancies which are not low risk, and for inductions which are done before or after 41 weeks of pregnancy.

Induction of labour at 41 weeks	
Happens in around 107 in every 1000 births	A caesarean birth
Happens in around 761 in every 1000 births	A normal vaginal birth
Happens following around 66 in every 1000 births	Baby admitted to a special care unit
Happens to less than 1 in every 1000 births	Death of the baby
Happens during around 79 in every 1000 births	Haemorrhage
Happens during around 8 in every 1000 births	Large perineal tear
Your labour will not start naturally	Going into labour
You will usually need to be monitored throughout your labour	Continuous monitoring during labour
You will be given a date for induction. Your baby will be born within 0-3 days of this date	Knowing when labour will start
Home birth would not be an option for you. You will need to check with your local midwife or doctor whether options such as hospital water birth or use of a midwifery led birthing centre would be available to you.	Birth Options (e.g. waterbirth, homebirth)
Labour pain can start quickly. Contractions can be more intense and closer together than they are in a labour which starts naturally.	Pain in labour

Getting Information and Support



You may find the information in this leaflet is enough for you to make a decision but you may also feel you want more.

Information about Induction

General Information

There is a lot of information about induction of labour available on the internet and in books but not all of it is accurate or up to date. Good quality information can be found on NHS websites:

<http://www.nhs.uk/Conditions/pregnancy-and-baby>

<http://www.nice.org.uk/guidance/CG70/InformationForPublic>

Local Information

Some things vary between hospitals so you should speak with your midwife or doctor about induction of labour to find out how this is done at your local hospital, and what options would be available to you if you chose to be induced or chose to continue your pregnancy at 41 weeks.

The information in this leaflet

The information in this leaflet comes from high quality research projects which compared women who had an induction at 41 weeks with women who continued their pregnancy at 41 weeks (see page 3 for more information about why it is important to compare these two groups, rather than comparing women who are induced with women who go into labour naturally).

If you would like to know more detail about these research projects many have put the full details of the research onto the Internet.

Research about the risks and benefits of the options



The information given on pages 4 to 9 is taken from a large research study from Scotland involving over a million women:
<http://www.bmj.com/content/bmj/344/bmj.e2838.full.pdf>



This is not the only study which has compared induction with continued pregnancy at 41 weeks. Other studies worldwide have shown similar results (but remember: different countries provide different care during pregnancy and birth and this could affect how relevant the findings are to women receiving care in the U.K.)

[http://www.ajog.org/article/S0002-9378\(15\)00356-7/abstract](http://www.ajog.org/article/S0002-9378(15)00356-7/abstract)

<http://www.ncbi.nlm.nih.gov/pubmed/22696345>

Research about women's experiences of induction and continuing pregnancy



The information shown on pages 10 and 11 is taken from studies conducted with women in different countries:

<http://onlinelibrary.wiley.com/doi/10.1080/00016340701416929/abstract>

<http://onlinelibrary.wiley.com/doi/10.1111/aogs.12211/abstract>

Making the Decision



Now that you have been given some information about your options at 41 weeks you will need to make a choice about what you want to do. Some of the things you may want to think about are:

Are any of the issues discussed in this leaflet particularly important to you? If so, how do you feel about the difference in the chance of it happening between induction of labour and continuing pregnancy?

How important is it to you to avoid interference in your labour and to be able to move about freely?

How important is it to you to have control about when and where your labour will start? Would you prefer to wait to see when labour would start naturally?

What happens next?

Your midwife or doctor will talk to you to see if you have come to a decision. It may be useful for you to make some notes on this page and take it with you to your appointments.

Do you understand what your options are?

- Yes Partly, I need to know more No

What are your thoughts about induction at 41 weeks?

What are your thoughts about continuing pregnancy at 41 weeks?

How ready do you feel to make your choice?

- I'm ready to make a choice
 I want to discuss the options more
 I want more information about the options

Please use the back of this leaflet for any other notes you want to make or to write down any questions you have

Is there anything you want to discuss or know more about?

A large, empty rounded rectangular box with a thin black border, intended for the user to write their response to the question above.