What is elective labor induction?

Sometimes, when a woman is nearing the end of her pregnancy, she may have her labor started (induced) rather than waiting for labor to begin on its own. This is called a labor induction. When your healthcare provider recommends a labor induction for your health or for the health of your baby, it’s called an indicated labor induction. When labor is induced for a non-medical reason, for matters of convenience or preference, 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 care provider will follow the guidelines described here to help determine if and when elective labor induction is okay for you and your baby.

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
- The size of your baby based on ultrasound results

Congratulations on the upcoming birth of your baby! This is an exciting time. It is also, for many women, a time of questions. One of the most common questions asked by expectant mothers is, “When will my baby be born?” Many women also want to know if it’s possible to plan the delivery date of their baby. Discuss the information in this handout with your healthcare provider. Together, the two of you can make the best decision for a positive birth experience for you and your baby.
When labor is electively induced before 39 weeks of pregnancy:

- 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 breathing machine (ventilator) to help her breathe.

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

Expert guidelines

The American College of Obstetricians and Gynecologists (ACOG) is a professional organization for doctors who deliver babies. The following guidelines are based on advice from this organization. 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.

Before inducing labor:

- Your healthcare provider must confirm that you have not previously had a cesarean delivery (Csection) or major surgery on your uterus.

- Your healthcare provider must be certain of your due date to prevent starting labor too early, before your baby is fully developed.

- You must be at least 39 weeks along in your pregnancy.

- Your cervix must be soft and ready to open (dilate). Your provider can tell this by examining your cervix to determine a Bishop Score, which is the standard measure for assessing the cervix’s readiness for labor. A Bishop Score of at least 10 for first-time moms (8 for others) is a common threshold. With this score, the likelihood of having a vaginal delivery after induction is similar to that of spontaneous labor.

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.