

## Labor induction reduces cesarean deliveries

Labor induction at 39 weeks reduces cesarean deliveries among low-risk nulliparous women according to a large, randomized study.

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August 15, 2018 – In low-risk nulliparous women, labor induction at 39 weeks was associated with a decreased frequency of cesarean deliveries compared to expectant management. Perinatal death and severe neonatal complications occurred with similar frequency among offspring of women randomized to labor induction or expectant management.

William A. Grobman, MD, with the Department of Obstetrics and Gynecology at Northwestern University, in Chicago, and colleagues reported their findings in the August 9, 2018 issue of the *New England Journal of Medicine*.

Currently, expectant management is recommended for nulliparous women at low risk of complications between 39 weeks 0 days and 40 weeks 6 days gestation. This guideline is based on previous observational study findings that labor induction is associated with an increased frequency of cesarean deliveries among women who underwent labor induction compared to those who underwent spontaneous labor. However, this guideline may not be suitable for clinical decision-making, according to the study authors.

In this study, low-risk nulliparous women at gestational age 38 weeks 0 days to 38 weeks 6 days were randomized to labor induction at 39 weeks 0 days to 39 weeks 4 days or expectant management. Rates of perinatal mortality, severe neonatal morbidity, and cesarean frequencies were assessed.

Perinatal death or severe neonatal complications occurred with similar frequency in the induction and expectant management groups (4.3% vs. 5.4%; relative risk, 0.80; 95% confidence interval, 0.64–1.00). However, cesarean deliveries were less frequent among women in the labor induction group than the expectant management group (18.6% vs. 22.2%; relative risk, 0.84; 95% confidence interval, 0.76–0.93).

“Policies aimed at the avoidance of elective labor induction among low-risk nulliparous women at 39 weeks of gestation are unlikely to reduce the rate of cesarean delivery on a population level,” the study authors conclude.

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