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Induced Labor After 39 Weeks in Healthy Women May Reduce the Need for Cesarean Birth

More Information is Needed Before Changes to Clinical Practice are Made

Dallas, Texas, February 1, 2018 – Approximately one-third of women in the United States give birth via cesarean delivery. While life-saving in the right circumstances, cesarean birth also carries with it significant risks, including an increased likelihood of infection, hysterectomy, placenta implantation abnormalities in future pregnancies, and respiratory illness in infants. In a study presented today at the Society for Maternal-Fetal Medicine's (SMFM) annual meeting, The Pregnancy Meeting™, researchers unveiled findings that suggest that induction of labor at 39 weeks of gestation among healthy, first-time mothers reduces the rate of cesarean birth as compared to expectant management among the same population.

In a study with more than 6,100 pregnant women across the country, researchers randomly assigned half of the women to an expectant management group (waiting for labor to begin on its own and intervening only if problems occur) and the other half to a group that would undergo an elective induction (inducing labor without a medical reason) at 39 weeks of gestation. Results include:

- Lower rates of cesarean birth among the elective induction group (19%) as compared to the expectant management group (22%)
- Lower rates of preeclampsia and gestational hypertension in the elective induction group (9%) as compared to the expectant management group (14%)
- Lower rates of respiratory support among newborns in the induction group (3%) as compared to the expectant management group (4%)

“Safe reduction of the primary cesarean is an important strategy in improving birth outcomes,” said William Grobman, MD, MBA, who presented today’s findings and is professor in obstetrics and gynecology at Northwestern University’s Feinberg School of Medicine. The research presented is part of, “A Randomized Trial of Induction Versus Expectant Management,” more commonly referred to as the ARRIVE Trial, which was funded by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD).

SMFM’s [current guidelines](#) do not recommend routine induction of labor for low-risk pregnant women at 39 weeks of gestation. “SMFM will wait to evaluate the peer-reviewed publication of the ARRIVE Trial before providing any guidance or changes to our existing recommendations,” said Alfred Abuhamad, MD, the President of SMFM.

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About SMFM

The Society for Maternal-Fetal Medicine (est. 1977) is a non-profit membership organization representing the interests of obstetricians/gynecologists who have additional formal education in maternal-fetal medicine. The Society is devoted to reducing high-risk pregnancy complications by providing continuing education to its more than 2,000 members on the latest pregnancy assessment and treatment methods. It also serves as an advocate for improving public policy and expanding research funding and opportunities for maternal-fetal medicine. SMFM hosts an annual scientific meeting in which new ideas and research in the area of maternal-fetal medicine are unveiled and discussed. For more information, visit www.smfm.org.