



For Women

Making informed decisions about induction of labour

Questions to ask if an induction of labour is recommended

“Is my body ready for an induction?”

“Is there a medical reason for either me or my baby?”

“What does the research say about the risks or benefits?”

New Zealand women have the right to make an informed decision about induction of labour. Sometimes an induction is advised for medical reasons, however some women are offered an induction without a medical indication.

A recent U.S. study called ARRIVE (A Randomised Trial of Induction Versus Expectant Management) has found that:

Induction of labour at 39 weeks gestation

- Did not improve outcomes for babies
- Reduced the chance of a caesarean birth by 3–4%

There are reasons why the findings from this study are not relevant for New Zealand women



In New Zealand we already have a lower rate of caesarean birth than in the study country – U.S.



Women in the U.S. ARRIVE study were all planning a medicalised birth in a hospital, and they were all having their first babies.



The risk of caesarean birth can be reduced by labouring / birthing at home or in a primary maternity unit. This was not an option for women in the ARRIVE study.



The risk of caesarean birth can be reduced by continuity of midwifery care – talk to your Lead Maternity Carer about this. Women in the ARRIVE study did not have the benefits of continuity of midwifery care and most had no midwifery care at all.



Labouring positions can make a significant positive difference to your labour – it is unlikely that the ARRIVE study participant women were able to labour in a physiologically supportive position.



If a woman's body is not ready to labour the ARRIVE study found a higher chance of caesarean section with induction.

Did you know?



There are more effective ways of reducing the risks of caesarean birth than early induction.



If you are induced you will need an IV infusion and continuous monitoring of your baby during labour which will restrict your movements.



Using water for pain relief during your labour can reduce the risk of a caesarean birth.

For Midwives

Helping women make decisions about induction of labour



The ARRIVE (A Randomised Trial of Induction Versus Expectant Management) trial was a multi-centre trial undertaken in the U.S. which randomised low risk first time mothers to induction of labour (3062 women) at 39 weeks or to expectant management (3044 women).

The primary outcome

A composite of neonatal mortality and morbidity.

The secondary outcome

The frequency of caesarean birth.

The study found no statistically significant difference in the incidence of the primary composite perinatal outcome (4.3%) for the induction group compared to the expectant group (5.4%).



Induction of labour at 39 weeks did not improve neonatal outcomes.

The rate of caesarean section in the 39 week induction group was significantly lower in the induction group compared to the expectant management group, but we cannot assume that this reduction in caesarean section can be transferred to New Zealand.

18.6%

Induction

22.2%

Expectant Management

Why not?



The NZ national Caesarean section rate for low risk first time mothers is 15% (NZ Clinical Indicators) so we already have a lower rate than the U.S. Women receive continuity of care which has the potential to reduce the incidence of caesarean section in itself.

Other important points

- If the woman started an induction with a low bishops score then the study found a higher incidence of caesarean section.

- There were difficulties with recruitment in the study – the majority of women did not want their labour induced so the cohort who agreed was not a representative sample.

- Women who were induced had longer stays in the labour and birthing unit (not surprising) but important to note as has a potential impact on resources.

- Women in the U.S. generally have a high uptake of epidurals.

- In the context in which the study was undertaken, 28 women would need to be induced to prevent one caesarean section.

- The ARRIVE study did not exclusively compare women who were induced with women who went into labour naturally. The expectant management group included inductions.

Induction of labour is an intervention and as with any intervention needs to demonstrate benefit for the mothers or baby's health. The ARRIVE study has not demonstrated clear clinical evidence of benefit.



New Zealand
College of Midwives
TE KĀRETI O NGA KAIWHAKAHANAU KI AOTEAROA

For more information visit:
www.midwife.org.nz