

Early Elective Deliveries – Why Scheduling Early Delivery is Not a Good Idea

An early elective delivery is a birth scheduled before the 39th week of pregnancy without a medical reason or need. Sometimes there are medical reasons for a woman to deliver her baby before naturally going into labor. These types of deliveries can save lives. But hurrying a baby's birth to make it convenient for you or your doctor can increase the risks for serious problems for both you and your baby.

Early elective deliveries usually aren't necessary. Here's why.

Full term is better – for baby and for mom.

- A full-term pregnancy lasts at least 39 weeks. Of course, some babies naturally arrive sooner. And complications during pregnancy can make an early delivery the safest choice. But most babies need 39 weeks to develop fully. Induced or planned delivery before that time—without valid medical reason—is not in the best interest of the baby or the mother.
- Babies induced or delivered by C-section before 39 weeks are more likely to have problems breathing and feeding, have severe jaundice and need intensive care after birth. They also have a higher chance of having cerebral palsy, which can affect movement, hearing, seeing, thinking and learning. And, while overall risk of infant death is low in this country, it is higher for babies who are delivered before 39 weeks. Women who carry their baby at least 39 weeks also have less postpartum depression.

The natural course is usually the best course.

- To prepare for birth, the cervix softens and thins. As this happens, the opening gets bigger, or dilates. But if your cervix has not changed, even if you're in the 39th week of your pregnancy, you should not induce labor without a medical reason. If your body is not ready, your delivery is less likely to go smoothly. And your baby may be more likely to need intensive care after delivery.
- Even when the cervix shows signs of being ready, there are reasons to allow labor to happen on its own. Natural labor is usually easier and shorter than induced labor. And you can usually spend the early part of your labor at home, moving around and staying as comfortable as you can. By contrast, an induced labor takes place in the hospital. You will most likely be hooked up to medical equipment, including at least one intravenous (IV) line and an electronic fetal monitor. You will be given medicines to start your labor. You may not be able to eat or drink.

When You Should Induce Labor

Having a doctor start your labor is justified when there's a medical reason, such as your water breaking and labor not starting. You may also need labor induced if you are a week or more past your due date.

What You Can Do to Help Your Delivery Go Smoothly

The hustle and bustle of a hospital can feel overwhelming. Women who receive continuous support during labor have shorter labors and need less medical help. You might get support from a family member, close friend or a trained birth assistant (a doula). You should also plan several ways to cope with your labor, such as walking, rocking and showering.

Learn more about the recommendations for early elective deliveries at www.wacommunitycheckup.org/ownyourhealth/choosingwisely or <https://www.wsma.org/choosing-wisely>.

Visit www.wacommunitycheckup.org, click “compare scores,” select “hospitals” and click “early elective deliveries” to learn how local hospitals are doing when it comes to avoiding early elective deliveries.