

Study investigating induction of overdue babies

Providing clear information about available options during maternity care is very important for pregnant women. This is particularly important when considering what action to take when pregnancy becomes overdue. Current practice in the United Kingdom (UK) based on guidelines on inducing labour (<https://www.nice.org.uk/guidance/cg70>) advocate avoiding a pregnancy lasting longer than 42 weeks (known as a prolonged pregnancy).

A recent study undertaken by Wennerholm *et al.* randomised 2760 women with a low risk uncomplicated singleton pregnancy in 14 hospitals throughout Sweden¹. Women were randomised to receive either induction of labour at 41 weeks and expectant management and induction of labour at 42 weeks.

The primary outcome evaluated was a composite measure including one or more of:

- Stillbirth;
- Neonatal mortality;
- Apgar score less than 7 at five minutes;
- pH less than 7.00 or metabolic acidosis (pH <7.05 and base deficit >12 mmol/L) in the umbilical artery;
- Hypoxic ischaemic encephalopathy;
- Intracranial haemorrhage;
- Convulsions;
- Meconium aspiration syndrome;
- Mechanical ventilation within 72 hours;
- Obstetric brachial plexus injury.

The study was stopped early owing to a significantly higher rate of perinatal mortality in the expectant management group. The research team commented that “although these results should be interpreted cautiously, induction of labour ought to be offered to women no later than at 41 weeks and could be one (of few) interventions that reduces the rate of stillbirths.” The full text of the paper can be found at <https://www.bmj.com/content/bmj/367/bmj.l6131.full.pdf>

1. Wennerholm UB, Saltvedt S, Wessberg A, *et al.* Induction of labour at 41 weeks versus expectant management and induction of labour at 42 weeks (SWEdish Post-term Induction Study, SWEPIIS): multicentre, open label, randomised, superiority trial. *BMJ*. 2019 Nov 20;367:l6131. doi: 10.1136/bmj.l6131.