



DECISION AID

Overdue baby: Wait or induce labor?

A pregnancy lasts about 40 weeks on average. Most children are born in the two weeks before or after the estimated due date. Once the due date has passed, many pregnant women start wondering whether it would be better to induce labor. And if so, when?

Please note that some of the following information describes the situation in Germany specifically. You may find that things are different in other countries.

Once the baby is overdue, the due date will be checked again and you will be advised to have about two check-up appointments per week. Doctors and midwives usually suggest inducing labor once the 42nd week of pregnancy has started (often described as 41+0).

But you can still wait and see if labor starts on its own in the next few days. If that doesn't happen by the beginning of the 43rd week (42+0), they urgently recommend inducing labor.

The aim of this decision aid is to help you make the right decision for you, together with your midwife and doctor.

THESE ARE THE OPTIONS:

- Induce labor in the 42nd week
- Wait until the beginning of the 43rd week

Some women try to induce labor on their own – for example, through acupuncture, homeopathic remedies, sex, or by stimulating their nipples. But there's no scientific proof that these things help. There's not enough good research on the effects of castor oil, either.

You can read about the pros and cons of these options on the next few pages.

MAKING AN INFORMED DECISION

This decision aid probably won't include all of the information that you need. It is still important to talk to your doctor or midwife, but the decision aid can help you. Personal factors will also play a role in the decision – including your overall health, any experiences you may have had during previous births, and your expectations for the upcoming birth.



Take the time you need to find out what you want to know and don't let anyone pressure you into choosing a certain option.

WHY IS LABOR INDUCED?

If you and your baby are both doing well on the due date, you can wait for the birth to start naturally. But longer pregnancies are associated with a slightly higher risk of problems, especially for the baby. They are then more likely to need intensive care after the birth, for example. Labor is induced to lower these health risks.

HOW IS LABOR INDUCED?

Medically induced labor usually takes place at the hospital. The childbirth team closely monitors the procedure to make sure both you and your baby are doing well. The main approaches include:

Medications: Some soften and open the cervix (the opening between the womb and vagina). Others mainly cause the muscles in the womb to contract. The following medications can be used:

- **Dinoprostone:** Various products that are put inside the vagina, such as tablets or gels
- **Misoprostol (Angusta):** Pills that you swallow with a little water
- **Oxytocin:** Delivered into a vein in your arm through a drip

Mechanical approaches: These cause the body to release hormones that help to start labor. They include:

- **Membrane sweeps:** The doctor or midwife separates the amniotic sac from the womb using their fingers.
- **Balloon catheters:** A small balloon is put inside the cervix through the vagina and then presses against the cervix from the inside.
- **Cervical dilators:** Thin rods are put inside the cervix. There, they absorb moisture and expand.

The most suitable approach (or combination of approaches) will depend on things like whether your cervix has already dilated, whether the contractions have started, and whether you've had a C-section in the past.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF INDUCING LABOR?

Labor induction can overstimulate the womb, making the contractions too strong and too frequent. That can be very painful for the woman and cause problems for the unborn child, such as not getting enough oxygen. Then the woman might need more medication to slow down the contractions and relieve the pain. In up to 4 out of every 1,000 women whose labor is induced medically, their womb tears open. This is a medical emergency. The baby is then delivered by C-section, and the tear is sewn up.

When medication is used to induce labor, it can cause side effects like nausea and vomiting. Mechanical approaches can be uncomfortable.

PROS AND CONS OF THE OPTIONS

	Inducing labor in the 42 nd week	Waiting until the beginning of the 43 rd week
What does it involve?	The birth is usually induced in a hospital using medication or mechanical approaches. The childbirth team checks whether you and the baby are doing well. Induced births often involve more vaginal examinations.	You can stay at home at first, and wait and see. You have check-up appointments about twice a week. If labor starts on its own before the 43rd week, it doesn't need to be induced. Once the 43rd week starts, labor induction is urgently recommended.
Who is it suitable for?	For all women whose due date has passed and their labor hasn't yet begun, their water hasn't yet broken, and they don't have a greater risk of complications during childbirth.	
How often are C-sections needed?	120 out of 1,000 children are born by C-section.	130 out of 1,000 children are born by C-section.
How many children need intensive care?	60 out of 1,000 children go to a neonatal intensive care unit after birth.	70 out of 1,000 children go to a neonatal intensive care unit after birth.
How many children die?	1 out of 1,000 children die during or shortly after birth.	3 out of 1,000 children die during or shortly after birth.
Are perineal tears more likely?	Severe perineal tears (between the vagina and anus) are equally common in both cases. This kind of tear can injure the pelvic floor muscles, the sphincter or the rectum (at the end of the bowel).	
Are instrument-assisted births more likely?	Instruments that are used to help the birth along (like forceps or a ventouse suction cup) are needed equally often in both cases.	

YOUR DECISION

You can now weigh the pros and cons of the different options for yourself. Which of them are better suited to you and your situation, and which of them aren't?

WHAT IS IMPORTANT TO YOU?

You can use this table to note the main issues for you when considering the options. Which of them will affect your decision? How important are they to you? Mark the statements that apply to you, and add any thoughts of your own. You can rank the statements: For instance, you could mark the statements that are especially important to you with a 1, those that are a little less important with a 2, and so on.

Which statements apply to you?		Ranking (1, 2, ...)
I'd like to let the pregnancy take its natural course if possible.	☐	
I'm worried about the potential risks associated with going past the due date.	☐	
I want to have my baby as soon as possible.	☐	
I'd like to avoid having more vaginal examinations during labor due to an induction.	☐	
I'm worried about the possible complications and side effects of inducing labor.	☐	
I don't mind being in the hospital for a few days before the birth.	☐	
	☐	
	☐	
	☐	
	☐	

WHICH OPTION WOULD YOU CONSIDER?

You can use this table to assess the different options. Mark the ones you would consider and write down what you like and don't like about them.

Which option would you consider?		What do you like about it?	What don't you like about it?
Inducing labor in the 42 nd week	☐		
Waiting until the beginning of the 43 rd week	☐		

HOW FAR HAVE YOU GOT WITH YOUR DECISION?

You can use this section to record how far along you are in your decision-making process. Mark where you are on a scale of 0 to 10.

0 10

[—————]

I haven't decided yet. I've made my decision.

If you still aren't sure and need more help, you can find some tips and more information on the following pages.

WHAT ELSE DO YOU NEED IN ORDER TO MAKE A DECISION?

If you still can't decide, the following might help:

Knowledge If you feel that you don't have enough information:	☐ Write down any questions you still have (see below). ☐ Take this decision aid and your list of questions along to your next appointment with your doctor or midwife to discuss them. ☐ Get more information (for example, on the internet) but make sure your sources are reliable!
Support If you feel you need more support:	☐ Discuss the various options with a trusted person (for instance, with your doctor, someone in your family, or a friend). ☐ Contact information services or a support group. You will find more information about this on the next page. ☐ Arrange practical support (like transport for appointments, someone to go with you, or childcare).

PREPARING FOR YOUR APPOINTMENT WITH THE DOCTOR OR MIDWIFE

Do you still have any questions or concerns? Write down your questions or your own thoughts to talk about at the appointment.

There's a list of possible questions here:

www.informedhealth.org/questions

YOU WILL FIND IN-DEPTH INFORMATION ABOUT THE FOLLOWING TOPICS ON THE INTERNET:

	Birth www.informedhealth.org/birth
	When is labor induced? www.informedhealth.org/inducing-labor
	How is labor induced? www.informedhealth.org/labor-induction-options
	Patient advice services and support groups www.informedhealth.org/support-groups-and-information-centers
	Finding high-quality health information on the internet www.informedhealth.org/finding-high-quality-health-information-on-the-internet

PUBLISHING DETAILS

Institute for Quality and Efficiency in
Health Care (IQWiG, Germany)

www.informedhealth.org/about-us

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The format of this decision aid is based on the following:

- Ottawa Personal Decision Guide. O'Connor, Stacey, Jacobsen 2012. Ottawa Hospital Research Institute and University of Ottawa, Canada.
- MAKING SDM A REALITY – Hospital-wide shared decision making – G-BA Innovation fund 2023.
- Institute for Quality and Efficiency in Health Care (IQWiG, Germany). Development of a decision aid for hysterectomy: Rapid Report; Commission P18-01. 2019.