Elective Induction of Labor

Induction of labor occurs when the uterus is stimulated to contract before your body goes into labor on its own. Labor is often induced for the health of the pregnant person, the baby, or both. Elective labor induction starts labor when there is no medical need.

Recent studies have looked at the possible effects of offering elective induction, and results of the studies are mixed. The benefits of elective induction are clear in some studies, other studies show possible risks. We encourage you to have a conversation with your provider about whether elective induction is for you.

Possible Benefits

Choice of induction timing

Possible Risks

- · Longer labors than those who labor spontaneously
- Possible cesarean delivery for other obstetric indications such as labor complications
- No improvement in overall infant health status at birth despite induction
- Failed induction requiring readmission at 41 weeks

Who is Eligible?

Pregnant people who are at least 39 weeks pregnant, with the baby positioned head down, and no previous cesarean.

Must have reliable pregnancy dates, an ultrasound before 14 weeks, and no other health reasons to avoid a vaginal delivery.

What Can I Expect?

Expect to be flexible.

If you are waiting for an elective induction, your appointment may be rescheduled to another day or time. Priority is given to customer-owners with a medical need for induction, and there is no way to predict how busy labor and delivery will be.

We often start the process with one to four days of preparing your cervix for labor. This is usually done in outpatient triage with daily scheduled visits until your cervix is ready or you go into labor. Once in labor you will be admitted to Labor and Delivery. In rare cases where your body shows no signs of labor after 24 hours of being admitted, you may be discharged. If this happens, your induction will be rescheduled for 41 weeks. In other cases, you may need a cesarean delivery for obstetric or labor complications.

