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AMERICAN ACADEMY OF
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The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Delivering your baby

Why scheduling early delivery is not a good idea

Sometimes there are medical reasons for a woman to deliver her baby before naturally going into labor. For example, if a week or more passes after the due date and the baby does not come, doctors may need to start, or induce, labor. Or if the woman or her baby is at risk, doctors may need to deliver the baby by Cesarean delivery, or C-section.

These types of deliveries can save lives. But to hurry a baby's birth—just to make it convenient for you or your doctor—can increase the risk of serious problems for both you and your baby. Here's why:

Full term is better.

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.



Between 1990 and 2007, there were fewer full-term births, and almost twice as many babies born at 37 and 38 weeks. One reason for this is that it became more common for women to be scheduled for a C-section or to have labor induced before their due date. Some hospitals have taken recent steps to reduce unnecessary early deliveries, but too many births are still being scheduled for convenience.

Carrying an infant the full 39 weeks has important health benefits for the baby and the mother. For example, during weeks 37 and 38, the baby's lungs and brain are still developing. The baby's body also gains fat during this time, which helps the baby keep a healthy body temperature.

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 the overall risk of infant death is low, 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. This may be because their infants are less likely to have problems than those born early.

Let nature take its 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. For example, you are at increased risk of having a C-section, especially if you are giving birth for the first time. 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 should you 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.

This report is for you to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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