

# Induction of labour for big babies

What is this review about?

Big babies (over 4000g or 9lb) can be injured at birth. Inducing labour early, before the baby grows too big, may reduce this trauma.

However, if done too early, induction can lead to babies being born prematurely and with immature organs. Also, estimating a baby's weight before birth is not very accurate, so induction will sometimes be unnecessary.

What evidence did we find?

We found four studies (randomised trials), involving 1190 non-diabetic pregnant women with suspected large babies.

This infographic shows some of the results of the review comparing pregnant women who were induced at 37 to 40 weeks with women who waited for labour to start naturally.

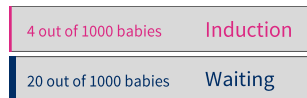
## What's best for babies?

Big babies have a higher chance of being injured during birth.

Does inducing labour make a difference to the number of babies who are injured?

### Any fracture

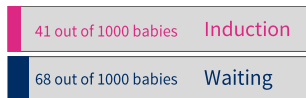
The baby may fracture a bone during birth, e.g. the collarbone.



Induction of labour decreased fracture by about 16 babies per 1000.

### Shoulder dystocia

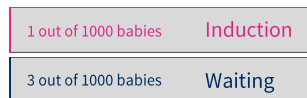
When the baby's shoulder becomes stuck during birth.



Induction of labour decreased shoulder dystocia by about 27 babies per 1000.

### Brachial plexus injury

Damage to the network of nerves that send signals to the baby's shoulder, arm and hand.



There was no clear difference between induction of labour and waiting.

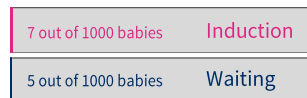
### Birthweight



On average, babies weighed 178g less when labour was induced compared with waiting.

### Low Apgar score

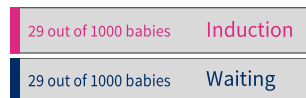
This assesses the baby's health. A low score shows that the baby may need medical attention.



There was no clear difference between induction of labour and waiting.

### Low arterial cord pH

This shows that the baby hasn't had enough oxygen during birth.



There was no difference between induction of labour and waiting.



Induction of labour reduced the number of babies who had **shoulder dystocia** or **any fracture**.

There were no clear differences between groups for **brachial plexus injury**, **low Apgar score**, or **low arterial cord blood pH**.

Induction of labour at or near term for suspected fetal macrosomia

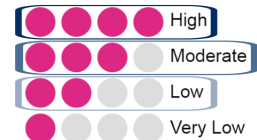
Boulvain M, Irion O, Dowswell T, Thornton JG

Full review: <http://ow.ly/9Kbd300ts9W>

## How good is the evidence?

In all trials women and health professionals knew in advance whether induction was happening or not, which may have affected the results.

The quality of the evidence was **high** for **any fracture**, **moderate** for **caesarean section & cord pH**, and **low** for **instrumental delivery**, **brachial plexus injury**, & **Apgar score**.



## What's best for women?

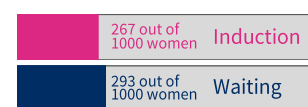
A big baby is more likely to need delivering by caesarean section or instrumental delivery (using ventouse or forceps).

**Caesarean section** carries risks such as infection for the mother and breathing difficulties for the baby. The mother may take longer to recover from a caesarean section than from a vaginal birth.

An **instrumental delivery** increases the chance of the mother having a vaginal tear, blood clot, or incontinence.

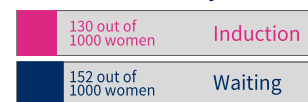
Does inducing labour make a difference to the number of women needing a caesarean section or instrumental delivery?

### Caesarean section



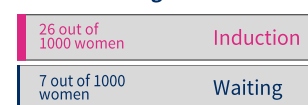
Induction of labour made no clear difference to caesarean section.

### Instrumental delivery



Induction of labour made no clear difference to instrumental delivery.

### Perineal damage



Induction of labour may increase the number of women with severe perineal tears.



Induction of labour made no clear difference to the number of women who needed a **caesarean section** or an **instrumental delivery**.

There is limited evidence that more women in the induction of labour group had **severe perineal damage**.

What does this mean?

There appear to be benefits from induction, but there may also be some disadvantages. The option should be discussed with parents when their baby is suspected to be big.

We need more trials to find out the best time to induce labour towards the end of pregnancy, and how to identify big babies more accurately.