Induction of labour for big babies

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.

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.

| 4 out of 1000 babies | Induction |
| 20 out of 1000 babies | Waiting |

**Brachial plexus injury**
Damage to the network of nerves that send signals to the baby’s shoulder, arm and hand.

| 1 out of 1000 babies | Induction |
| 3 out of 1000 babies | Waiting |

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

**Low Apgar score**
This assesses the baby’s health. A low score shows that the baby may need medical attention.

| 7 out of 1000 babies | Induction |
| 5 out of 1000 babies | Waiting |

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

**Shoulder dystocia**
When the baby’s shoulder becomes stuck during birth.

| 43 out of 1000 babies | Induction |
| 68 out of 1000 babies | Waiting |

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

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

| 29 out of 1000 babies | Induction |
| 29 out of 1000 babies | 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.

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.

**Instrumental delivery**
Increases the chance of the mother having a vaginal tear, blood clot, or incontinence.

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

| 267 out of 1000 women | Induction |
| 252 out of 1000 women | Waiting |

Induction of labour made no clear difference to caesarean section.

Induction of labour made no clear difference to instrumental delivery.

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

**What’s 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.

**What evidence did we find?**

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