

## What if I choose induction of labour after 41 weeks?

When thinking about induction of labour you may want to talk to your midwife and doctor to weigh up the risks and benefits of all of your options.

### **The benefits of induction of labour after 41 weeks may include:**

- Reduced risk of complications for your baby
- Reduced risk of having a caesarean section

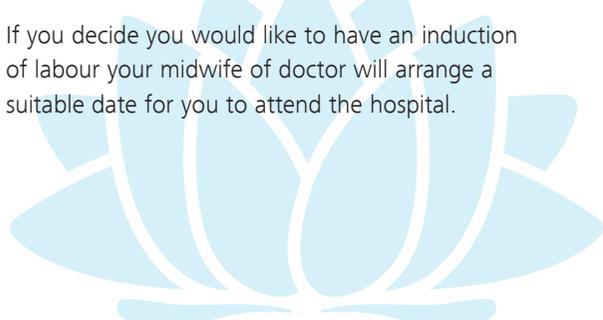
### **The risks of induction of labour may include:**

- Further interventions such as forceps or vacuum assisted birth
- Increased need for pain relief which may lead to further intervention
- Increased risk of maternal bleeding

An induction of labour involves a combination of breaking your waters and the use of medication to get labour started. The aim is to get the cervix to open up and the uterus to start contracting. During your induction midwives and doctors will work together to look after you. Your baby will be continuously monitored by CTG.

If you have had a prior caesarean section, further detail is available about your options for vaginal birth in the *Next Birth After Caesarean Section (NBAC)* brochure on the NSW Ministry of Health website ([www.health.nsw.gov.au](http://www.health.nsw.gov.au))

If you decide you would like to have an induction of labour your midwife or doctor will arrange a suitable date for you to attend the hospital.



## What if I reach 42 weeks and labour hasn't started?

If you reach 42 weeks gestation your care provider should discuss with you the risks to you and your baby of going beyond 42 weeks.

### **These risks may include:**

- A higher risk of stillbirth if you go over 42 weeks gestation
- An increased chance of your baby being bigger and having a little less amniotic fluid
- Waiting beyond 42 weeks may also lead to:
  - \* Increased risk of maternal bleeding
  - \* Increased risk of damage to the perineum due to the larger size of the baby
  - \* Increased risk of caesarean section operation

## Next steps for me:

---

---

---

---

---

---

---

---

---

---

This information brochure has been written by an Expert Advisory Group of NSW Ministry of Health and is available for downloading and printing on the NSW Ministry of Health website ([www.health.nsw.gov.au](http://www.health.nsw.gov.au)). If you have any questions or suggestions regarding this brochure, please provide this feedback to your healthcare worker.



# Pregnancy Beyond 41 Weeks

INFORMATION ABOUT YOUR BIRTH OPTIONS  
WHEN YOU ARE 1 WEEK PAST YOUR DUE DATE



***This information brochure has been designed to provide you with information to assist you to make the most suitable choices for you and your baby should your pregnancy extend beyond 41 weeks, which is 1 week past your due date.***

***The information in this brochure should help the discussions you will have with your midwife and/or doctor.***

## I am now 41 weeks and 'overdue'. What are my choices?

When you became pregnant your health care professional would have given you an estimated date of birth for when your baby was due: this date is when you are 40 weeks pregnant. This date is only an estimate and most babies will actually be born within seven days either side of this date.

Not every pregnancy is the same and it is normal for different women to have shorter or longer pregnancies. In fact, about 8 in 100 women will not have gone into labour by 41 weeks, and most women will start to labour before they reach 42 weeks.

If you are still pregnant at 41 weeks, making decisions regarding your birth options should be made in partnership with your care provider. Appropriate information and support will help you make the best possible choices over a very short period of time.

Whilst there are benefits for waiting for labour to start naturally it is recommended that induction of labour occurs before 42 weeks gestation.

## Is there anything that can help me go into labour naturally?

There are some non-medical options that may encourage your labour to start. Your health care professional will be able to give you more information and advice.

One option is a procedure called 'sweeping the membranes'. From 41 weeks gestation, your care provider may offer you a membrane sweep (also called a stretch and sweep). A membrane sweep is done during a vaginal examination (internal examination). Your care provider inserts their finger into your cervix and makes circular movements around your cervix with his or her finger to try and separate the amniotic sac (the sac around the baby) from the cervix. A membrane sweep encourages the release of hormones that help your uterus contract. You may need to undergo this procedure more than once. Membrane sweeping can be repeated at regular intervals until labour commences. Undergoing a membrane sweep does not harm you or your baby.

### ***Benefits of membrane sweeping***

- A membrane sweep may increase your chance of going into spontaneous labour
- You can have a membrane sweep during a pregnancy check-up and you can usually go home afterwards

### ***Disadvantages of membrane sweeping***

- The procedure can be uncomfortable with some women finding it slightly painful
- A small amount of vaginal bleeding or spotting can happen after the procedure along with some irregular contractions. If you are concerned please contact your health care provider
- It may not start your labour

## What if I wait for labour to start naturally?

### ***The benefits of waiting for labour to start naturally may include:***

- Increased chance of normal birth, which can enhance mother-infant bonding and long term wellbeing
- A greater chance of an uncomplicated birth in future pregnancies
- Less likelihood of interventions such as forceps or vacuum assisted birth
- A shorter recovery time and hospital stay
- Reduced risk of maternal blood clots (deep vein thrombosis)

While you are waiting for labour to start, extra check-ups will be required for you and your baby. These check-ups usually involve monitoring your baby's heartbeat using a cardiotocograph (also called a CTG machine) and may also include an ultrasound scan to measure how much amniotic fluid is around your baby.

## Your baby's movements

Your care provider should outline to you the normal patterns of fetal movement during pregnancy. Your baby **should** continue to move right up to, and through, labour. If you notice a decrease or change in patterns of your baby's movement or have any concerns regarding their movement it is important to contact your care provider or maternity services unit promptly.

