

Risks Associated with Elective Induction

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Clinical Question:

Are pregnant women who have elective inductions of labor at an increased risk for complications?

Articles:

Declercq, E., Sakala, C., Corry, M., & Applebaum, S. (2006). *Listening to mothers II: Report of the second national US survey of women's childbearing experiences*. Retrieved from www.childbirthconnection.com

Kramer, MS, Rouleau J, Baskett TF, & Joseph KS. (2006). Amniotic-fluid embolism and medical induction of labour: a retrospective, population-based cohort study from *Lancet*. 368 (9545), 1444-1448. Retrieved from PubMed database

Moleti, C. (2009) Trends and controversies in labor induction. *The American Journal of Maternal/Child Nursing*, 34(1), 40-47.doi:10.109/01.NMC.0000343864.49366.6

Simpson, K. (2005). Obstetric “conveniences”: elective induction of labor, cesarean birth on demand, and other potentially unnecessary interventions. *The Journal of Perinatal & Neonatal Nursing*, (19)2, 134-144. Retrieved from Pubmed.

Synthesis of Conclusions:

Kramer, Rouleau, Baskett, and Joseph (2006) completed a population-based cohort study with a level IV hierarchy of evidence. Kramer et al. (2006) examined 3 million hospital births included in a database in Canada which separated labor diagnoses by codes. The study looked at the association between amniotic-fluid embolism and labor induction and other potential risk factors. They found that medical induction of labor is related to an increased risk of amniotic fluid embolism. The study showed there are many risk factors that increase the occurrence of an amniotic fluid embolism. These include multiple pregnancy, older maternal age, cesarean section or instrumental vaginal delivery, eclampsia, polyhydramnios, placenta previa or abruption, cervical laceration or uterine rupture, and fetal distress. Kramer et. al. (2006) concluded that women need to be informed and aware of the risks associated with an elective induction of labor.

The risk of an amniotic fluid embolism is low; however it is still a risk. It is important that the doctor and the women are aware of this potential danger.

Moleti (2009) reported the results of Listening to Mothers II Study conducted by Declercq, Sakala, Corry, and Applebaum, 2006 who surveyed 1573 women who had recently given birth. The study found that all labor inductions have potential to cause minor and even life-threatening complications; however, women reported rarely being informed of such information. Elective labor inductions were also being performed on the basis of ‘convenience’ not only for the woman, but mostly for the physician and labor and delivery units. There is miscommunication between the physician and laboring woman about the risks and complications surrounding an elective labor induction. The respondents to the survey felt that more education should be done about elective induction, there should be no pressure from the physician to have an induction, and especially that the possibility of a cesarean section should be discussed. Of the women who had an elective induction (52% of the 1573 respondents), 55% answered they were “not sure” if induction could cause fetal distress. 48% knew that induction could increase the risk of a cesarean birth. 11% of mothers voiced that they received pressure from the physician to have an elective induction.

Simpson, (2005) conducted a review of literature on the evidence concerning common obstetrical procedures and interventions often performed without a medical indication. Simpson (2005) reported there was minimal data related to the effect of proper prenatal instruction concerning the risks and benefits associated with induction of labor. The literature review found that there was an increase in the belief that elective induction is safe and effective. Many providers believed that “convenience” may outweigh the risk factors associated with inducing a labor. In fact, induction of labor was found to increase cost related to longer hospitalization, increased need for assistance in the hospital and adverse outcomes for both the mom and baby. Simpson (2005) also found there was minimal data related to the effect of proper prenatal instruction concerning the risks and benefits associated with induction of labor. They suggest that further studies be done on the outcomes of proper teaching related to elective inductions.

All of the articles included in this mini-review have relevance in answering the question of whether or not elective inductions of labor increase the risk of complications. The evidence

suggests that more education and information needs to be relayed to women who are opting to undergo an elective labor induction.

Bottom Line:

The evidence suggests that women need to be educated fully about the risks and complications associated with elective labor induction before they make the decision to undergo and elective induction of labor.

Implications for Nursing Practice

Nurses can use this evidence in practice when a woman is considering an elective labor induction. After she has discussed the procedure with her physician, it is important for the nurse to help answer her questions and ensure that she knows the relevant information surrounding an elective labor induction. The full risks and benefits need to be discussed and understood before a decision is made. Nurses need to be advocates for the pregnant women by allowing them to express concerns, ask questions, and be fully informed which may require further evaluation and education from the physician. Alternative options need to be discussed so that women are aware of their options and can then partake in making an educated decision regarding the birth of their baby.