



EVA

EERSTELIJNS
VERLOSKUNDIGEN
AMSTERDAM-AMSTELLAND

Information for clients; 41 week of pregnancy

Five possibilities

Every person is unique and so is every birth. Some babies come very early in the pregnancy, others stay put for a long time. Some come quickly and some take time. As caregivers, we look together with you to find out what is needed to make the process as safe as possible for you and your baby. Many babies are born between 41 and 42 weeks. So it is a normal gestational age. Sometimes babies sit longer than is good for them and we would like to help these babies come earlier. The complicated thing is that we don't know which babies they are.

All the information we get comes through the mother: how she is doing, how healthy she is, how she feels, the contact with the baby, the growth of the baby and the movements of the baby. Every woman experiences this in her own way and this is not always easy to measure. That is why we also use figures from studies that have been done with other pregnant women. It is important that you make a choice that is right for you. This information brochure shows what options we offer.

First read the consultation card that you received from your healthcare provider. Here are the main advantages and disadvantages of the choices you can make.

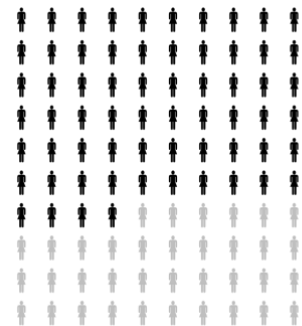
In this folder you can read about the possibilities in your region with figures that can help you make a choice.

There are five options

- Waiting for the labour to start on its own.
- Have your membranes swept (a number of times).
- Let your waters break.
- Have a balloon catheter placed and then have your membranes ruptured at home.
- Have labour induced in the hospital.

Waiting

Waiting for labour to start naturally is a safe choice. It is important that your pregnancy went without complications, that your baby has grown well and that you feel the baby move well every day. You can get extra checks if you like. If you haven't given birth after 41 weeks, the chance that labour will start on its own before 42 weeks is about 64 in 100 (see diagram opposite). You are less likely to undergo interventions during labour and to be handed over to the medical providers at the hospital. You can also choose where you want to give birth. In addition, every week in the womb contributes to better brain development of the baby.



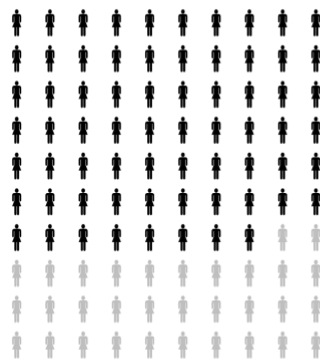


Sweeping of the membranes

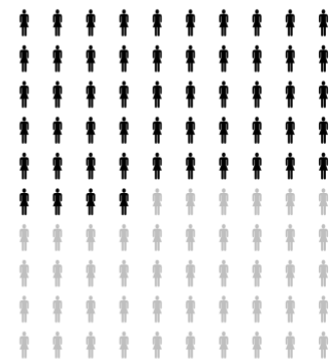
The chance of giving birth increases if the midwife loosens a small piece of the membranes from the uterine wall during a vaginal examination. This is called 'sweeping of the membranes'. There should already be a little dilation to be able to get to the membranes. Because the membranes come off a bit, hormones are released. These hormones can be the last step to start labour. If the sweeping works, you'll have contractions within 20 hours. Sweeping can be repeated after a few days.

The delivery more often starts on its own before 42 weeks in pregnant women who have their membranes swept, namely in 68 out of 100 pregnant women. This is 54 out of 100 for pregnant women who do not have their membranes swept. An induction is therefore less often necessary if you have your membranes swept. These figures come from a study where sweeping was performed every day or every other day from 41 weeks.

How often does the delivery start spontaneously before 42 weeks?



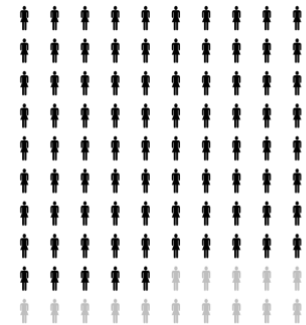
Sweeping of the membranes: 68%
68 of 100: yes
32 of 100: no



No sweeping: 54%
54 of 100: yes
46 of 100: no

Let your waters break

If your pregnancy is prolonging, there may come a time when you want to have labour induced. The midwife can try to break the membranes. The membranes can only be broken if your cervix is already dilated. In 85 out of 100 pregnant women, the birth will then start automatically (see diagram on the right). In addition, medical interventions such as the use of oxytocin (hormone to induce contractions) or pain relief are required less often, compared to women who are having an induction of labour and there is more chance that you can give birth in the place you prefer. If the waters are broken at home and it turns out that the baby has pooped in the amniotic fluid (meconium-containing amniotic fluid), you are advised to go straight to the hospital to check the baby's heartbeat with electronic fetal monitoring. In most regions, this means a transfer to the hospital's care providers.



Balloon catheter

If it is not yet possible to break the membranes and you want to be induced, the cervix will have to be prepared first. This is done by inserting a thin catheter into the cervix and then injecting fluid into the catheter to create a balloon that will stretch the cervix. After one or more days, the balloon catheter will fall out of the cervix and the midwife can break your membranes at home. Placing a balloon catheter is very safe. Little research has been done on the likelihood of contractions starting on their own. In a small group of pregnant women for whom this had already been used in the Netherlands, 87 out of 100 pregnant women had spontaneous contractions after the waters ruptured following the removal of the balloon catheter. Of the pregnant women who went into labour for the first time, 23 out of 100 pregnant women gave birth with their own midwife without the need for a referral. Of the pregnant women who had already given birth, this was 48 out of 100

pregnant women. Further research has yet to clarify exactly how much chance you have of giving birth without intervention after placing a balloon catheter.

Induction in the hospital

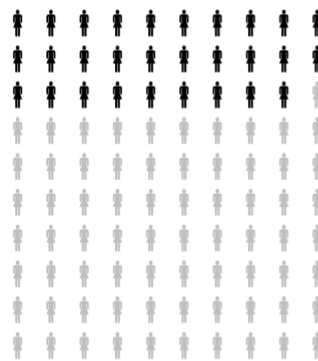
When the delivery does not start and you have it induced with medication in the hospital, this is called an induction. You can read more about this in the consultation card you received. In the information below you can also read and see what the figures in the Netherlands were like for pregnant women who were induced at 41 or 42 weeks.

The Dutch situation

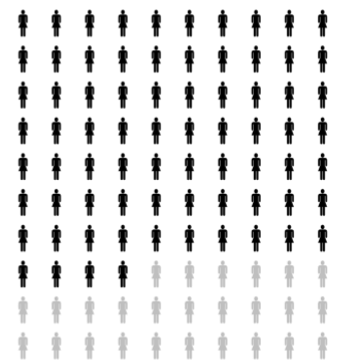
The numbers you see below are from the INDEX study. This was a study that was conducted in the Netherlands. In this study, half of the pregnant women were randomly assigned to a group where an induction was planned at 41 weeks. The other half were assigned to a group with an induction scheduled at 42 weeks. The choice you can make is at what time you want to be induced from 41 weeks. That could be at 41 weeks, somewhere between 41 and 42 weeks, at 42 weeks, or beyond. The choice is yours and in consultation with your healthcare provider and it may also depend on the capacity in the hospitals.

Of the pregnant women who were scheduled to be induced at 41 weeks, 29 out of 100 went into labour spontaneously. In pregnant women who waited until 42 weeks, labour started automatically in 74 out of 100.

How often did the delivery start spontaneously?

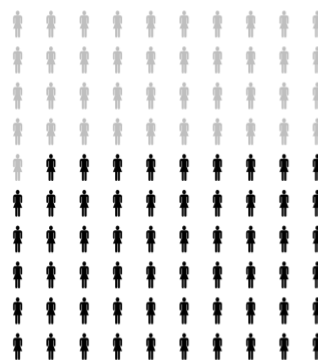


Induction at 41 weeks: 29%
29 of 100: yes
71 of 100: no

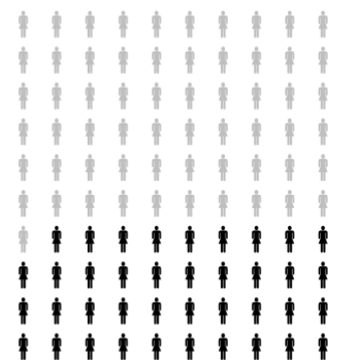


Induction at 42 wks at the latest: 74%
74 of 100: yes
26 of 100: no

How often was oxytocin used?



Induction at 41 weeks: 59%
59 of 100: yes
41 of 100: no

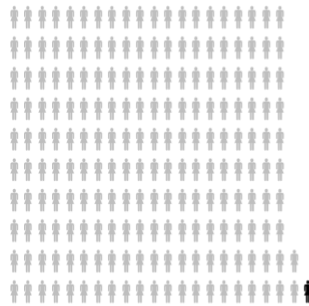


Induction at 42 wks at the latest: 39%
39 of 100: yes
61 of 100: no

Oxytocin is a drug that induces or makes contractions stronger and like any drug, this drug also has drawbacks. Oxytocin was given more often to pregnant women who were to be induced at 41 weeks, namely in 59 out of 100. This was the case in 39 out of 100 pregnant women who were to be induced at 42 weeks.

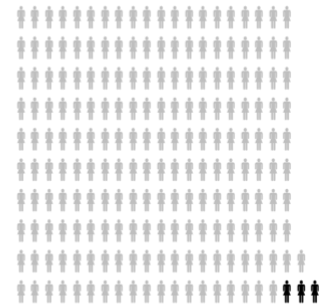
In pregnant women who were to be induced at 41 weeks, serious outcomes for the child occurred slightly less often, namely in 1 in 225. In pregnant women who waited until 42 weeks this was 3 out of 225. This difference may be due to chance, because it concerns few children. A serious outcome for the child could be a bad start, death, damage to the baby or admission to intensive care.

How often occurred a serious event with the baby?



Induction at 41 weeks: 0,4%

1 of 225: yes
224 of 225: no

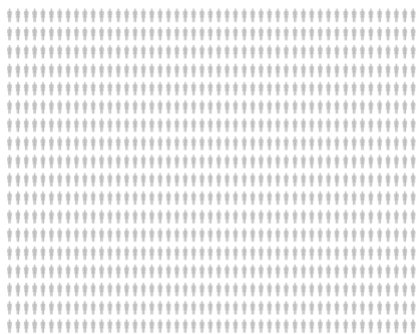


Induction at 42 wks at the latest: 1,3%

3 of 225: yes
222 of 225: no

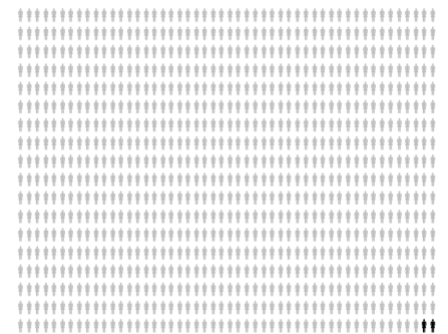
Of the 900 pregnant women who were to be induced at 41 weeks, 1 child died. Of the 901 pregnant women who waited until 42 weeks, 2 children died. This difference was probably due to chance. The number of children who die is very low in both groups.

How often died a baby?



Inleiden bij 41 weken: 0,1%

1 of 900: yes
899 of 900: no



Induction at 42 wks at the latest: 0,2%

2 of 901: yes
899 of 901: no

If you have any questions, feel free to discuss them with your obstetric care provider. There is no right or wrong decision about inducing or waiting. Trust your own wishes and preferences.