

In Due Time...

Pregnancy Beyond 40 and Induction of Labour



As it becomes more common for people 40 and over to give birth, midwives, family doctors and obstetricians have started asking questions about the needs of this group. Recently, two groups representing obstetricians (in Canada and the United Kingdom) published professional opinions suggesting that induction of labour (getting labour started using medical techniques) be considered earlier in pregnancy in those age 40 and over.¹

These opinion papers were not produced using the same sort of thorough and systematic process used to evaluate research and make recommendations for clinical practice guidelines. However, care providers may be changing their practice, based on these opinion papers, and recommending early induction of labour. The goal of this document is to help you understand research on this topic so that you can make the best informed choices for you and your family.

Why does age matter?

Many people 40 and over are in excellent health and most have pregnancies that are not associated with major or long-term problems. Your midwife will talk to you about your health history to get a good sense of your overall health and how any preexisting health conditions may affect your pregnancy. As they do for clients of any age, midwives check during regular prenatal visits to see if any health complications for you and your baby have developed.

However, research suggests that clients age 40 and over are at higher risk than younger age groups of

This document focuses on induction of labour. It doesn't address other decisions that midwifery clients who are 40 and over may face while pregnant.

A note about language

The most common terms used to refer to pregnancy in people 40 and over are "late" or "advanced" maternal age, "older motherhood" or "delayed childbearing." This document will use the phrase "pregnancy beyond 40" instead.

A note about fertility treatment

It is important to note that this document doesn't discuss the use of assisted reproductive technologies (ART) like in-vitro fertilization (IVF), donor eggs or fertility drugs. The research discussed here relates to spontaneous pregnancies without fertility treatment. If you used any assisted reproduction techniques and you are over the age of 40, talk to your care provider about your particular care.

having general health problems as well as developing pregnancy complications (such as having a baby with a chromosomal difference such as Down syndrome, developing gestational diabetes, high blood pressure, or having a C-section). They are also at increased risk of giving birth to a baby that has died before or during labour (stillbirth). This document will explain some research about the risk of stillbirth for anyone who is pregnant and aged 40 and over and help you to make choices about either using medication to start your labour around your due date or waiting for labour to start on its own.

¹In 2012, the Society of Obstetricians and Gynaecologists of Canada (SOGC) published a paper on Delayed Childbearing. In 2013, the Royal College of Obstetricians and Gynaecologists (RCOG) in the United Kingdom released a paper called *Induction at Term in Older Mothers*.

This document provides client-friendly information on pregnancy beyond 40 and induction of labour. It is designed to help you better understand some of the considerations and choices you may face while receiving care from your midwife. It is not intended to replace the informed choice discussions that you and your midwife will have. If you have any questions, concerns or ideas after reading over this document, please share them with your midwife.

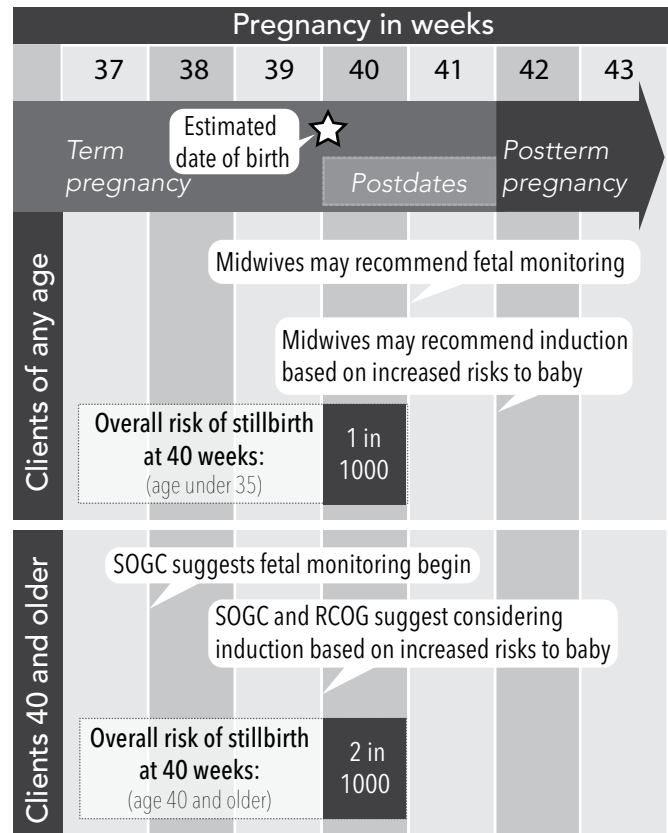
Postdates pregnancy, monitoring and induction of labour

While your estimated date of birth or “due date” is calculated to be 40 weeks of pregnancy, anywhere between 37 and 42 weeks is considered to be a term pregnancy. A “postdates pregnancy” is a pregnancy that goes beyond your due date. A pregnancy that lasts longer than 42 weeks is called a “postterm” pregnancy.

Most babies are born healthy, regardless of whether they arrive at term or later. However, for clients of any age, the chance that a baby will be stillborn tends to increase as a pregnancy continues past the due date. That’s why care providers will usually suggest **keeping a closer eye on the baby when a pregnancy gets to 41 weeks**. This means your midwife may offer extra ultrasounds (if available in your community) between 41 and 42 weeks or a non-stress test, where a fetal monitor is used to listen to the baby’s heartbeat pattern over a period of time. Midwives will also discuss the risks and benefits of **induction of labour when a pregnancy goes past 41 weeks and may recommend an induction of labour at 42 weeks**. An induction is when labour is artificially started using drugs like prostaglandins or oxytocin or breaking the bag of waters that surround the baby (amniotic sac) to encourage the uterus to contract.

Why am I being offered earlier induction of labour because of my age?

The authors of the Society of Obstetricians and Gynaecologists of Canada (SOGC) and Royal College of Obstetricians and Gynaecologists (RCOG) publications looked at studies that show that if you are 40 and older, your chance of having a stillbirth around your due date is similar to the chance someone under 30 has of stillbirth at one or two weeks after their due date. That’s why the SOGC suggests that care providers begin monitoring the baby’s well-being earlier in clients age 40 and older, starting around 38 weeks. The SOGC and RCOG also



suggest considering induction of labour at an earlier gestational age, around 39-40 weeks.

According to the studies the authors of the SOGC and RCOG papers looked at, the risk of stillbirth at 39-40 weeks of pregnancy is about 1 per 1000 pregnancies in someone under 35 and about 2 per 1000 for women 40 and over. Though risk of stillbirth is higher in women 40 and older, the overall risk of stillbirth is still very low and is even lower for those who don’t have conditions like diabetes, high blood pressure or heart, lung or kidney problems.

Risk of stillbirth at 39 to 40 weeks of pregnancy for those 40 years and older	
Pregnancies without diabetes, high blood pressure or heart, lung or kidney problems	About 1.5 in 1000
All pregnancies	About 2 in 1000
Risk of stillbirth at 41 weeks of pregnancy for those 40 years and older	
Pregnancies without diabetes, hypertension or heart, lung or kidney problems	About 2 in 1000
All pregnancies	About 2.5 in 1000

The AOM is committed, through our statement on Gender Inclusivity and Human Rights, to reflect and include trans, genderqueer and intersex communities in all aspects of our work. In this document, there are references to sources that use gendered language to refer to populations of pregnant and birthing people. In order to accurately represent these sources, we may have maintained gendered language. We support research and knowledge translation that engages and reflects the entire childbearing population.

Does it make a difference if I've had a baby before?

Risk of stillbirth is lower if you have already had a baby before, regardless of your age.

*These numbers are different than the risks of stillbirth quoted earlier for people at 39-40 weeks (i.e., 2/1000 for clients 40 and over and 1/1000 for people under 35). That's because the numbers to the right represent the risk of stillbirth at any point between 37 and 41 weeks of pregnancy.

Risk of stillbirth* at any point between 37 and 41 weeks of pregnancy

During a first pregnancy	Age: Under 35 years	About 4 in 1000
	Age: 35 to 39 years	About 6.5 in 1000
	Age: 40 years and older	About 9 in 1000
During a second, third, fourth (or later) pregnancy	Age: Under 35 years	About 1 in 1000
	Age: 35 to 39 years	About 2 in 1000
	Age: 40 years and older	About 3 in 1000

Are there risks if my labour is induced?

Induction is an important option when it's clear that the benefits of inducing labour outweigh the risks of waiting for labour to start on its own. For example, if you have high blood pressure that is causing problems for you or your baby, using medication to start your labour may cause fewer problems than if your pregnancy were to continue. In healthy people with healthy babies, the benefits of induction are less certain.

Although the SOGC's opinion is that clients 40 and over should be cared for differently, no research has been done to show that early induction of labour will reduce the small (but increased) risk of stillbirth in people 40 and older. That's partly because researchers aren't sure why stillbirth is more likely to occur as age increases.

The interventions used to stimulate labour and birth may have their own risks. If you have an induction you may be more likely to need a C-section or an assisted vaginal delivery (with forceps or vacuum). Birth numbers from Ontario show that people who are 40 and older are more likely to have a C-section, whether the labour is induced or starts on its own. Those who are induced have higher rates of C-section than those whose labours start naturally.

It's difficult to draw firm conclusions from these birth numbers, since people who were induced may have been different from those whose labours started naturally. For example, someone who was induced may have been more likely to have medical conditions (like gestational diabetes) that caused their caregivers to recommend induction and may have made a C-section more likely to occur.

Although we know that in Ontario, people who have an induction are more likely to have a C-section, research studies that looked at the connection between induction and C-section in a different way have found different results. Studies that looked at participants of all ages who had healthy pregnancies and were chosen at random to have an induction or continue their pregnancies suggest that those who are induced

For every 100 Ontarians 40 and over who gave birth in hospital and were induced



there were 52 vaginal births

For every 100 Ontarians 40 and over who gave birth in hospital and whose labour started naturally



there were 72 vaginal births

at or after their due dates are *not* more likely to have a C-section. This is confusing because there is conflicting information! What we do know is that despite what the research suggests, someone in Ontario who is 40 or over who has had labour induced is more likely to have a C-section than someone whose labour was not induced.

Babies born between 37 and 39 weeks are usually healthy, but they are more likely than babies born at 39 weeks and later to have problems that require them to be admitted to the neonatal intensive care unit. We also don't know whether using early induction of labour to reduce the risk of stillbirth will outweigh these risks.

What are my choices if I am 40 or over and my due date is coming up?

Your midwife will help you to make sense of all these statistics and help you to understand these risks for your own pregnancy. Different people will make different choices based on their own values and preferences. Your midwife may have a specific recommendation for you based on what's happening in your pregnancy.

Your choices about monitoring are to

- start monitoring your baby's well-being earlier, at around 39 weeks;
- wait to start monitoring until a later date (around 40 or 41 weeks); or
- not do this monitoring at all.

Your choices about induction are to

- have an early induction of labour (at around 40 weeks);
- have an induction at a later date (around 41 or 42 weeks); or
- wait for labour to start on its own.

Other things you can try that may help to encourage labour

There are several non-medical approaches that midwives and their clients sometimes use to encourage labour to start sooner. One is called a "stretch and sweep." During a stretch and sweep your midwife puts her fingers into the vagina and examines and stretches the cervix, sweeping her fingers around the inside of the cervix. Other methods used to encourage labour include castor oil, acupuncture, homeopathy, nipple stimulation and herbs. Little research has been done to test how well these methods work or in what circumstances they are best used. Talk to your midwife if you would to know more about alternative ways to encourage labour to start.

What we know

- Most clients who are pregnant and 40 and older have healthy babies.
- Health problems (such as diabetes or hypertension) or pregnancy complications occur more frequently in those 40 and over.
- While stillbirths are more likely to occur in older clients, the overall risk of stillbirth is low. Between 39 to 40 weeks of pregnancy, stillbirths are thought to occur in about 2 of every 1000 pregnancies in people 40 and over compared to 1 of every 1000 pregnancies in people under 35.
- The risk of stillbirth for people age 40 and over at 39 weeks of pregnancy is similar to the risk of stillbirth someone under 30 has at about one or two weeks after her due date. This is why some care providers suggest that monitoring of the baby's well-being and induction of labour be considered earlier in pregnancy in people age 40 and older.
- The risk of stillbirth increases with age even in healthy and uncomplicated pregnancies. This risk is further increased if there are also health problems and/or pregnancy complications.
- Stillbirth risk is higher with first pregnancies (this is true for first pregnancies regardless of age).
- Birth numbers from Ontario show that people 40 and over whose labours were induced were more likely to have C-sections.

What we don't know

- We don't know why the chances of having a stillbirth increase with age.
- There is no research that shows that inducing labour earlier will reduce the rate of stillbirth in those 40 and older.

Questions? Talk to your midwife

These kinds of choices are difficult to make and may depend on your own preferences or personal health history. Your midwife can help you sort out how you feel about the options that are available to you and help you make a plan that's right for you and your family. If it helps, you can write questions and concerns below and bring them to your next appointment.

