



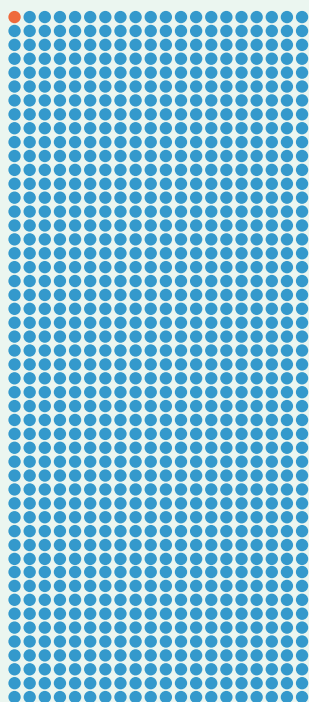
# In Due Time... Pregnancy Beyond 40 and Induction of Labour

## *A note about fertility treatment*

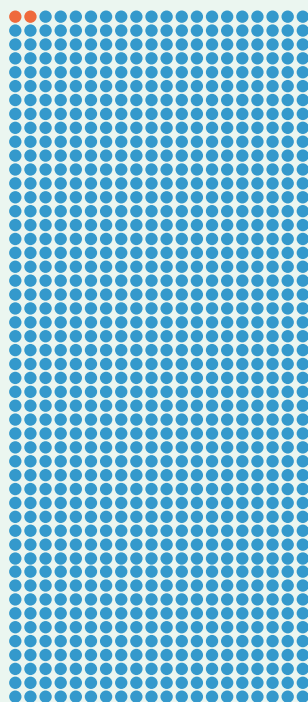
This handout does not discuss the use of assisted reproductive technologies (ART), such as in vitro fertilization (IVF) or implantation of donor eggs or fertility drugs. If you used any assisted reproductive methods and you are 40 or older, talk to your midwife about your specific individual care.

## Risk of stillbirth by age

**1 in 1000** pregnant people under 40 years of age experience a stillbirth at weeks 39-40



**2 in 1000** pregnant people 40 years of age and older experience a stillbirth at weeks 39-40



**If you are 40 years of age or older,** your midwife will talk with you about your options for giving birth as your due date gets close. This handout explains the research about the risk of stillbirth for anyone who is pregnant and age 40 or older. It will help you make choices about either using medication to start your labour around your due date or waiting for labour to begin on its own. This handout does not replace the informed choice discussions between you and your midwife.

## Why does age matter?

Many people 40 and older are in excellent health, and they experience uncomplicated pregnancies and births and deliver healthy newborns. However, research shows that people in this age group have higher rates of such interventions as induction, caesarean section and assisted delivery with vacuum or forceps. They are also at a higher risk of giving birth to a baby that has died before or during labour, also called stillbirth.

## Risks of stillbirth

Research shows that about one in 1000 pregnant people under 40 experience a stillbirth at weeks 39-40, while about two in 1000 pregnant people 40 years and older have a stillbirth at the same stage.

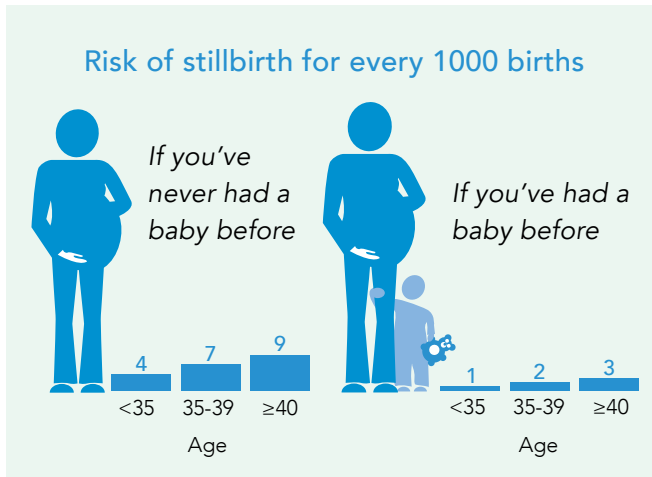
## *What does a two per 1000 risk really mean?*

To put this into perspective, examples of other occurrences that have about a two in 1000 chance include:

- Being born with 11 fingers or toes.
- Your lifetime chances of dying by getting hit by a car as a pedestrian.

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

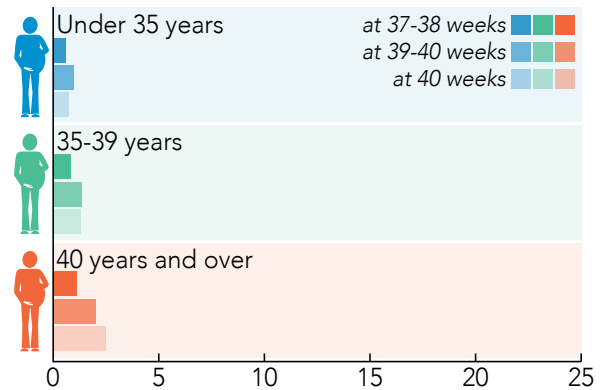
The risk of stillbirth is lower if you have already had a baby, regardless of your age.



## Does it make a difference if I'm past my due date?

For all pregnant people, the chances of a stillbirth increase as your pregnancy progresses past 40 weeks.

**Risk of stillbirth as pregnancy progresses for every 1000 births**



At 38-39 weeks, the risk of stillbirth for pregnant people age 40 or older is double the risk for those under 40. At weeks 40-41, the risk of stillbirth for pregnant people age 40 or older is triple, compared with those under 40. Some research shows that at age 40 or older, your chances of having a stillbirth around your due date are similar to the chances of someone under 40 having a stillbirth at one or two weeks after their due date. This research has led some care providers to recommend starting labour with medical methods techniques earlier than if you were under 40.

## What are my options?

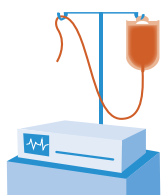
To manage the risk of stillbirth, two approaches are discussed most often: monitoring (waiting for labour to start on its own) and induction (using medication to start your labour).

### Monitoring



Many pregnant people prefer to wait for labour to start on its own. You may feel that labour will begin when the baby and your body are ready. It may be important to you to labour naturally and avoid medical interventions, if possible. Because the chances that a baby will be stillborn tend to increase past the due date, your midwife will usually suggest ways to check on your baby's well-being. If you decide to wait for labour to start on its own, your midwife will offer to monitor your baby's health, usually via ultrasounds; or a non-stress test, where an electronic fetal monitor is used to listen to the baby's heartbeat. Monitoring usually takes place at a clinic or hospital. Regardless of your age, it is standard practice for midwives to offer clients an induction sometime between 41-42 weeks, because of greater risks to the baby after that point.

### Induction



Many pregnant people choose induction to get labour started. You may feel impatient, anxious or uncomfortable waiting for your baby's arrival. With an induction, labour is artificially started using such drugs as prostaglandins or oxytocin (versions of natural substances in the body that start labour); or by breaking the bag of waters (amniotic sac) that surrounds the baby, to encourage the uterus to contract. Because the chances of a stillbirth tend to increase as your pregnancy gets further along, health-care providers often offer induction to pregnant people 40 and over, starting at around 39-40 weeks. Conversations with your midwife about timing of induction may change as your pregnancy progresses. Because some methods (prostaglandin gel, oxytocin) are only available in hospital, choosing induction may limit your options for where you give birth.

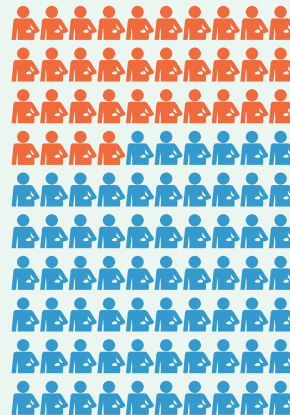
# Does either approach reduce my risk of stillbirth?

**Monitoring:** Monitoring methods cannot predict or prevent a stillbirth. Rather, they are used to check your baby's well-being at the moment of the test. If your midwife has concerns, they may recommend an induction.

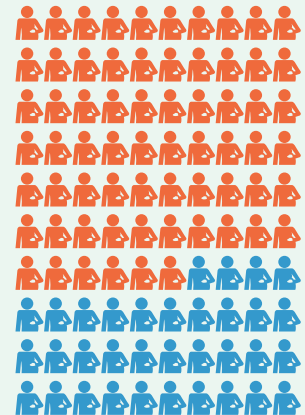
**Induction:** Currently, no research shows that inducing labour sooner reduces the rate of stillbirth in those 40 and older. However, one study in the UK shows that induction of labour at 39 weeks' gestation might reduce stillbirth rates for parents 35 and older who are having their first baby. Stillbirth rates in this study were low, regardless of whether participants had an induction or waited for labour to start on its own (less than three in 1000). No research shows that inducing labour earlier reduces the chance of a stillbirth for those who have had a baby before.

The interventions used to stimulate labour and birth may carry their own risks. Some studies show that an induction could increase your chances of having a caesarean section, while others indicate that it might not. In Ontario, data shows that people 40 and older who are induced have higher rates of caesarean section than those whose labour starts naturally.

**34 in 100**  
Ontarians 40 years  
of age or over who  
get an induction  
have a vaginal birth



**66 in 100**  
Ontarians 40 years  
of age or over who  
labour naturally  
have a vaginal birth



## What about non-medical methods to encourage labour?

Midwives and their clients sometimes use non-medical approaches to encourage labour. One is called a "stretch and sweep," where your midwife puts their fingers into the vagina and examines and stretches the cervix. Other options include castor oil, acupuncture, homeopathy, nipple stimulation and herbs. Talk to your midwife if you want to know more about ways to encourage your labour.

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

Your midwife will help you make sense of these factors and understand the 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 40-41 weeks); or
- not do 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 41-42 weeks); or
- wait for labour to start on its own.

