



Maternal and Neonatal Outcomes of Elective Induction of Labor: Evidence Report Technology Assessment Number 176

By U. S. Department of Health and Human Services

Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 262 pages. Dimensions: 11.0in. x 8.5in. x 0.6in. Induction of labor is increasing in the U. S. The overall induction rate has increased from 9.5 percent in 1990 to 22.1 percent in 2004. Induction of labor that is not indicated for a medical reason, also termed elective induction of labor, appears to be rising as well and at a rate even more rapidly than that of the overall induction of labor. Elective induction may be motivated by a variety of reasons. For example, pregnant women may wish to end their pregnancy because of physical discomfort, concern for rapidly progressing labor precluding timely arrival at the hospital or epidural placement, scheduling issues, or ongoing concerns for maternal, fetal, or neonatal complications. Clinicians who care for pregnant women (e. g. , obstetricians, family-practice physicians, midwives) may have similar non-medical reasons for choosing elective induction of labor for their patients. They, too, may wish to end their patients physical discomfort or have concerns about either distance from the hospital or ongoing risk in the pregnancy. However, clinicians may also be incentivized to utilize elective induction for their own financial benefit..



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