



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ181
LABOR, DELIVERY, AND POSTPARTUM CARE

Elective Delivery Before 39 Weeks

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What is a “medically indicated” delivery?

A medically indicated delivery is done for a medical reason. These reasons may be the woman’s medical condition or a problem with the baby. Labor may be induced (started with the use of certain drugs or other means) or a **cesarean delivery** may be performed (in which the baby is born through incisions made in the abdomen and **uterus**).

What is an “elective” delivery?

An elective delivery is performed for a nonmedical reason. Some nonmedical reasons include wanting to schedule the birth of the baby on a specific date or living far away from the hospital. Some women request delivery because they are uncomfortable in the last weeks of pregnancy. Some women request a cesarean delivery because they fear vaginal birth.

How long does a normal pregnancy last?

A normal pregnancy lasts about 40 weeks. It was once thought that babies born a few weeks early—between 37 weeks and 39 weeks—were just as healthy as babies born after 39 weeks. Experts now know that babies grow throughout the entire 40 weeks of pregnancy.

How does the baby grow and develop during the last weeks of pregnancy?

The lungs, brain, and liver are among the last organs to fully develop during pregnancy. The brain develops at its fastest rate at the end of pregnancy—it grows by one third just between week 35 and week 39. Also during these last weeks, layers of fat are added underneath the baby’s skin. This fat helps keep the baby warm after birth.

What are the risks for babies born before 39 weeks?

Babies who are born before 39 weeks may not be as developed as those who are born after 39 weeks. Because they may be less developed, they may have an increased risk of short-term and long-term health problems. Some of these problems can have lasting effects.

What health problems are possible for babies born too early?

The following health problems are possible in babies who are born too early:

- Breathing problems, including **respiratory distress syndrome**

- Temperature problems—Babies born early may not be able to stay warm.
- Feeding difficulties
- High levels of **bilirubin**—Too much bilirubin can cause **jaundice**. In severe cases, brain damage can result if this condition is not treated.
- Hearing and vision problems
- Learning and behavior problems

Why is it not a good idea to have an elective labor induction or cesarean delivery before 39 weeks?

Health care professionals recommend that unless there is a valid health reason or labor starts on its own, delivery should not occur before at least 39 weeks. If you have a cesarean delivery or labor induction for a medical reason, it means that the benefits of having the baby early outweigh the potential risks. But when they are done for a nonmedical reason, the risks—both to you and to the baby—may outweigh the benefits. When your pregnancy is normal and healthy, it should continue for at least 39 weeks, and it is preferable for labor to start on its own.

What are the risks associated with induced labor?

When labor is induced, there is an increased chance of infection, **uterine rupture**, and hemorrhage (life-threatening bleeding) compared to when labor starts on its own. Labor induction also may increase the likelihood of having a cesarean delivery, especially if you are giving birth for the first time and if your **cervix** is not ready for labor.

What are the risks associated with cesarean delivery?

A cesarean delivery is major surgery. Like all surgical procedures, it has risks, including infection, hemorrhage, and problems related to the **anesthesia** used. An elective cesarean delivery may pose additional risks if you plan to have more children. With each cesarean delivery, the chance that you will have a serious complication—including uterine rupture and needing a **hysterectomy** at the time of delivery—increases.

What are my alternatives to having an elective delivery before 39 weeks?

If you are considering an elective delivery before 39 weeks, it is important to discuss the potential risks and benefits with your health care provider as well as your reasons for requesting this type of delivery. If discomfort is a reason, it may help to know that it is normal to feel uncomfortable at the end of pregnancy. Your health care provider may be able to suggest ways to help you feel better. If you live far away from the hospital, you might want to stay with someone who lives closer. You also may be able to set out for the hospital when you are in early labor. Talk to your health care provider to get other suggestions and advice.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Bilirubin: A substance produced when the body breaks down worn-out red blood cells. High levels of bilirubin can result in jaundice and lead to other problems in newborns.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Hysterectomy: Removal of the uterus.

Jaundice: A buildup of bilirubin that causes a yellowish appearance.

Respiratory Distress Syndrome: A condition of some babies in which the lungs are not mature and causes breathing difficulties.

Uterine Rupture: A rare but serious complication of childbirth in which the uterus tears during labor or delivery.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ181: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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