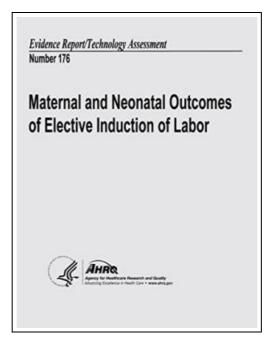
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Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 262 pages. Dimensions: 11.0in. x 8.5in. x 0.6in.Induction of labor is increasing in the U. S. The overall induction rate has increased from 9.5 percent in 1990 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 and scheduling preferences. Thus, it is imperative to determine the potential outcomes associated with elective induction of labor. Elective induction of labor recessarily reduces some risks of an ongoing pregnancy. Such risks include developing preeclampsia, oligohydramnios, macrosomia, or intrauterine fetal demise at a later gestational age. However, the commonly held dogma regarding induction of labor is that it increases the risk of cesarean delivery, which in turn is associated with a host of maternal complications. Additionally, a cesarean delivery in the current pregnancy increases both maternal and neonatal risks in future pregnancies. Thus, determining the effect of elective induction of...

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