

Early Elective Delivery

Everyone planning a family wants to have a healthy baby. The longer a baby can stay safe in the womb, the healthier the baby will be. It used to be thought that babies born a few weeks early (37-39 weeks) were just as healthy as those babies born closer to their due date. Experts now agree that babies continue to grow and develop throughout the full 40 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. During these last weeks, layers of fat are added underneath the baby's skin as well. This fat helps keep the baby warm after birth.

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 and can include:

- 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

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 a cesarean delivery is done or labor is induced for such a health/medical reason, it means that the benefits of having the baby early outweigh the potential risks. But when an induction is done for a nonmedical reason, the risks—both to mother and baby—may outweigh the benefits. When pregnancy is normal and healthy, it should continue for at least 39 weeks, and it is preferable for labor to start on its own.

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*).

An elective delivery is performed for a nonmedical reason and carries some risk to mother and baby when done too early. 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.

We want all babies born at Union Hospital to be as healthy as possible. Therefore, policies and monitoring are in place to make sure that Early Elective Delivery is not done. During the period of September 1, 2016 – June 30, 2017 Union Hospital's rate of Early Elective Delivery was 0%. The average for the state of Ohio and the nation is 2%. We will continue to strive for a rate of zero to give

all of our babies the best start in life.