

Commentary: Nonmedical indications help fuel rise in induction rate

Labor and Delivery

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2002 AUG 1 - ([NewsRx.com](#) & [NewsRx.net](#)) -- The doubling of the labor induction rate in U.S. women over the past decade may have been fueled in part by pressure from patients, [convenience](#) to physicians, widespread availability of cervical ripening agents, and liability concerns, according to commentary in the July 2002 issue of *Obstetrics & Gynecology*.

The labor induction rate in the U.S. rose from 9.5% in 1990 to 19.4% in 1998. The increase in medically indicated inductions was slower than the overall rise in inductions during this time, suggesting that inductions for marginal or 'elective' reasons rose more rapidly, said William Rayburn, MD, of the University of New Mexico Health Sciences Center in Albuquerque.

Conditions such as premature rupture of membranes, abruptio placentae, postterm pregnancy, fetal compromise and pre-eclampsia/eclampsia are valid medical indications for labor induction. Until clinical trials can validate reasons for a more liberal use of labor induction, maintaining a cautious approach for the use of inductions is warranted, according to Rayburn. This article was prepared by [Women's Health](#) Weekly editors from staff and other reports.

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