NÄR SKALL VI ERBJUDA INDUKTION
- VID 41 ELLER 42 VECKOR FULLA GRAVIDITETSVECKOR?

- 41 VECKOR PGA…

MÅRTEN ALKMARK, MD, PHD, SAHLGRENSKA UNIVERSITETSSJUKHUSET OCH SAHLGRENSKA AKADEMIN

INGEN JÄV FINNS

Tre huvudargument

- Förbättrat perinatalt och maternellt medicinskt utfall
- Vi kan tillgodose gravida kvinnors önskemål och ge dem en lika god förlossningsupplevelse som för de som fortsätter sin graviditet efter v 41+0
- Det är hälsoekonomiskt fördelaktigt

FÖRBÄTTRAT PERINATALT OCH MATERNELLT UTFALL

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European Journal of Obstetrics & Gynecology and

EUROPEAN JOURNAL OF OBSTETRICS & GYNECOLOGY AND REPRODUCTIVE BIOLOGY

thebmj

Induction of labour at 41 weeks
until 42 weeks (INDEX), multic
tria

Judit
Mart
Joris

thebmj

Induction of labour at 41 weeks versus expectant management and induction of labour at 42 weeks (SWEdish Post-term Induction Study, SWEPIS): multicentre, open label, randomised, superiority trial

Ulla-Britt Wennerholm,[1] Sissel Saltvedt,[2] Anna Wessberg,[3] Mårten Alkmark,[1] Christina Bergh,[1] Sophia Brismar Wendel,[4] Helena Fadl,[5] Maria Jonsson,[6] Lars Ladfors,[1] Verena Sengpiel,[1] Jan Wesström,[7] Göran Wennergren,[8] Anna-Karin Wikström,[6] Helen Elden,[3] Olof Stephansson,[9] Henrik Hagberg[1]

Metod

- ***Studie design:*** *INDEX:* Randomiserad kontrollerad non-inferiority multicentre studie, SWEPIS: registerbaserad superiority studie
- ***Population:*** Friska kvinnor med en normal graviditet, foster i huvudbjudning och utan tidigare kejsarsnitt eller stor uteruskirurgi.
- ***Intervention:*** *INDEX:* Induktion vid 41^{+0-1}, SWEPIS: 41^{+0-2}
- ***Comparison:*** *INDEX:* Exspektans och induktion vid 42^{+0}, SWEPIS 42^{+0-1}

Metod

- **Primärt utfall:** Sammansatt utfall av perinatal mortalitet och morbiditet (**INDEX:** Apgar score <7 vid fem minuter och/eller navelsträngs pH <7.05 och/eller mekonium aspirations syndrom och/eller plexus brachialis skada och/eller intrakranial blödning och/eller inläggning på Neonatal intensivvårdsavdelning) (**SWEPIS:** Apgar score <7 vid fem minuter och/eller navelsträngs pH <7.00 eller metabol acidos (pH<7.05 och base defecit <12 mmol/L) och/eller HIE I-III och/eller neonatala kramper och/eller mekonium aspirations syndrom och/eller mekanisk ventilation inom de 72 första timmarna och/eller plexus brachialis skada och/eller intrakranial blödning)
- **Sekundära utfall**: Ytterligare neonatal utfall, maternella utfall och förlossningsutfall
- **Studie period:** *INDEX:* Maj 2012 till mars 2016, SWEPIS: Maj 2016 till oktober 2018
- **Huvudanalys:** Intention to treat population

INDEX

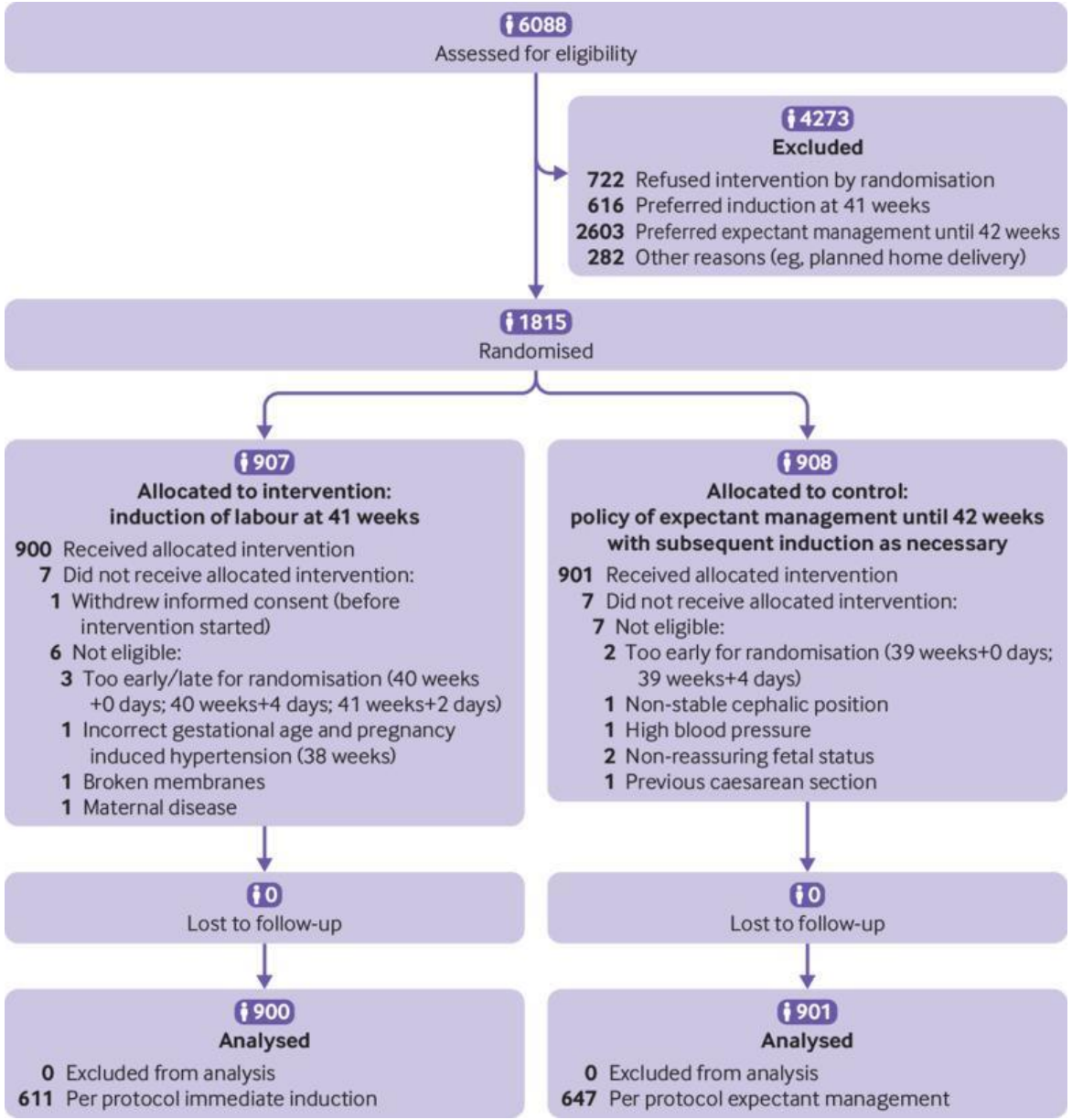

6088
Assessed for eligibility
4273
Excluded
722 Refused intervention by randomisation
616 Preferred induction at 41 weeks
2603 Preferred expectant management until 42 weeks
282 Other reasons (eg, planned home delivery)
1815
Randomised
907
Allocated to intervention: induction of labour at 41 weeks
900 Received allocated intervention
7 Did not receive allocated intervention:
1 Withdrew informed consent (before intervention started)
6 Not eligible:
3 Too early/late for randomisation (40 weeks +0 days; 40 weeks+4 days; 41 weeks+2 days)
1 Incorrect gestational age and pregnancy induced hypertension (38 weeks)
1 Broken membranes
1 Maternal disease
908
Allocated to control: policy of expectant management until 42 weeks with subsequent induction as necessary
901 Received allocated intervention
7 Did not receive allocated intervention:
7 Not eligible:
2 Too early for randomisation (39 weeks+0 days; 39 weeks+4 days)
1 Non-stable cephalic position
1 High blood pressure
2 Non-reassuring fetal status
1 Previous caesarean section
0
Lost to follow-up
0
Lost to follow-up
900
Analysed
0 Excluded from analysis
611 Per protocol immediate induction
901
Analysed
0 Excluded from analysis
647 Per protocol expectant management

Table 3

Perinatal outcomes in intention-to-treat groups

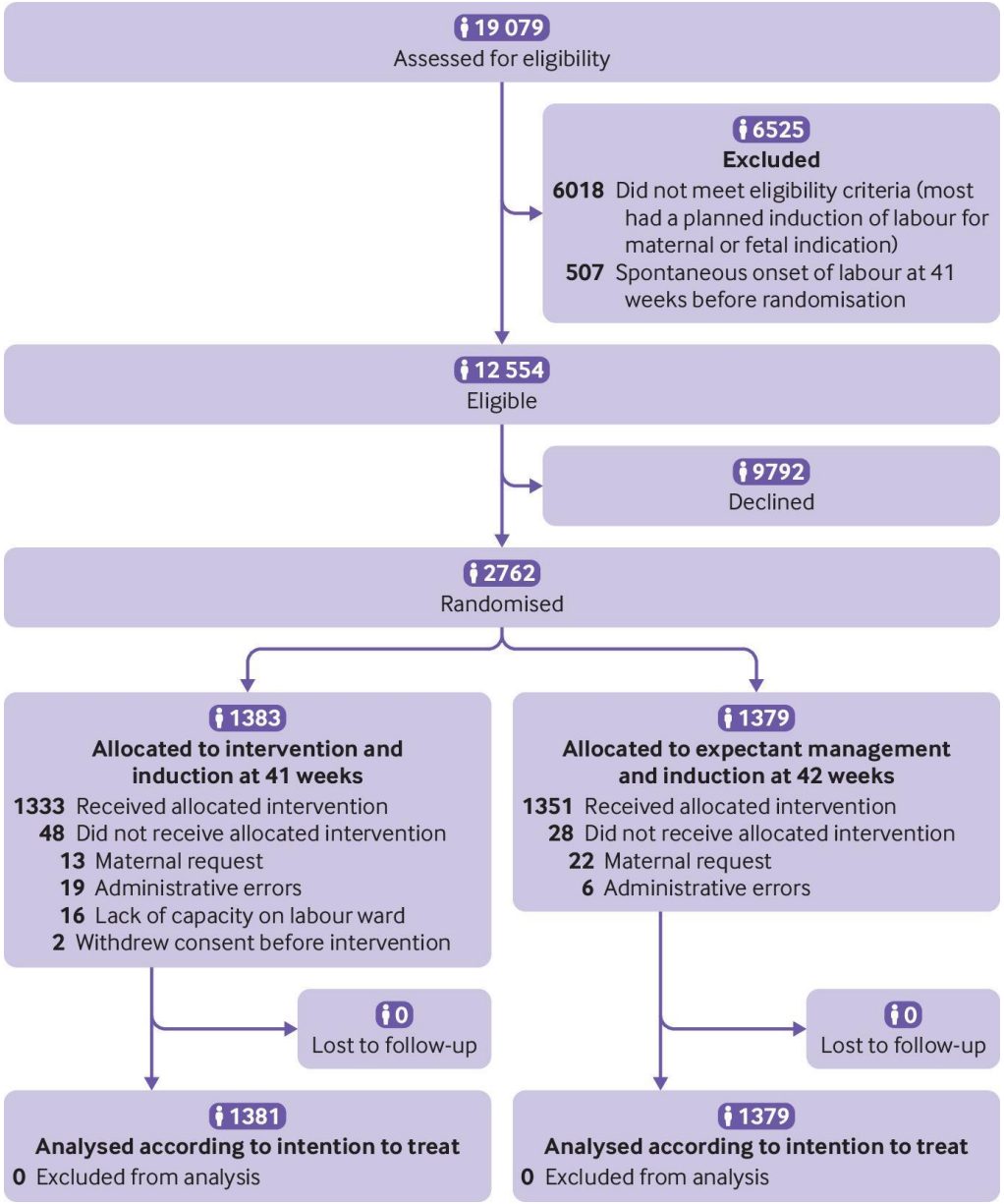
Outcomes	Induction of labour (n=900)	Expectant management (n=901)	Relative risk (95% CI)	P value
Composite adverse perinatal outcome*	15 (1.7)	28 (3.1)	0.54 (0.29 to 1.00)	0.045†
Stillbirth	1 (0.1)	2 (0.2)	0.50 (0.05 to 5.51)	1.00†
Neonatal death post partum	0 (0.0)	0 (0.0)	NA	-
Apgar score 5 mins post partum‡:				
<7	11 (1.2)	23 (2.6)	0.48 (0.23 to 0.98)	0.038
<4	0 (0.0)	3 (0.3)	NA	-
Neonate admitted to:				
NICU	3/899 (0.3)	8/899 (0.9)	0.38 (0.10 to 1.41)	0.23†
Medium care	59 (6.6)	60 (6.7)	0.98 (0.69 to 1.39)	0.90
Meconium aspiration syndrome§	0 (0.0)	2 (0.2)	NA	-
Plexus brachialis injury	0 (0.0)	0 (0.0)	NA	-
Intracranial haemorrhage¶	0 (0.0)	0 (0.0)	NA	-
Umbilical cord pH (arterial):				
<7.05	16 (1.8)	12 (1.3)	1.06 (0.51 to 2.20)	0.88
Missing	557 (62,0)	629 (70,0)	NA	-
Congenital abnormality	16 (1.8)	19 (2.1)	0.84 (0.44 to 1.63)	0.61
Hypoglycaemia**	3 (0.3)	6 (0.7)	0.50 (0.13 to 2.00)	0.51†
Neonatal infection/sepsis††	37 (4.1)	37 (4.1)	1.00 (0.64 to 1.56)	1.00
Female	453 (50.3)	463 (51.4)	0.98 (0.89 to 1.07)	0.65
Mean (SD) birthweight (g)	3685 (417.4)	3741 (430.0)	−56.6 (−95.8 to −17.4)‡‡	0.005
Small for gestational age:				
<2.3rd centile	13 (1.4)	11 (1.2)	1.18 (0.53 to 2.62)	0.68
<10th centilethcentile	61 (6.8)	62 (6.9)	0.99 (0.70 to 1.39)	0.93
Large for gestational age:				
>90th centile	86 (9.6)	99 (11.0)	0.87 (0.66 to 1.14)	0.32
>97th centile	15 (1.7)	27 (3.0)	0.56 (0.30 to 1.04)	0.07

Table 2

Delivery outcomes in intention-to-treat population. Values are numbers (percentages) unless stated otherwise

Outcomes	Induction of labour (n=900)	Expectant management (n=901)	Relative risk (95% CI)	P value
Median (interquartile range) gestational age delivery (days)	287 (287-288)	289 (287-292)	−2.1 (−2.3 to −1.9)*	<0.001†
Mean (SD) time from randomisation to delivery (days)	2.1 (1.6)	4.2 (3.0)	−2.2 (−2.5 to −2.0)*	<0.001†
Level of care at onset of labour:				
Primary	255 (28.3)	619 (68.7)	NC	-
Secondary	645 (71.7)	282 (31.3)	NC	-
Onset of labour:				
Spontaneous (reference)	260 (28.9)	664 (73.7)	1.00	-
Induction	640 (71.1)	237 (26.3)	2.70 (2.41 to 3.04)	<0.001
Mode of induction:	n=640	n=237		
Cervical ripening (catheter/prostaglandins)	382 (59.7)	132 (55.7)	1.07 (0.94 to 1.22)	0.30
Amniotomy without oxytocin	87 (13.6)	34 (14.8)	0.95 (0.66 to 1.37)	0.77
Amniotomy with oxytocin	156 (24.4)	59 (24.9)	0.98 (0.76 to 1.27)	0.87
Indication for induction:				
Randomisation	634 (99.1)	0 (0.0)	NC	-
Post-term pregnancy	0 (0.0)	85 (35.9)	NC	-
Fetal condition	5 (0.8)	37 (15.6)	NC	-
Maternal condition	0 (0.0)	23 (9.7)	NC	-
Elective or maternal request	1 (0.2)	87 (36.7)	NC	-
Membranes ruptured >24 h	0 (0.0)	4 (1.7)	NC	-
Other	0 (0.0)	1 (0.4)	NC	-
Use of oxytocin	533 (59.2)	355 (39.4)	1.50 (1.36 to 1.66)	<0.001
Use of tocolytics	28 (3.1)	16 (1.8)	1.75 (0.95 to 3.22)	0.07
Maternal intrapartum infection:	n=900	n=901		
Fever during labour (≥38°C)	50 (5.6)	46 (5.1)	1.09 (0.74 to 1.61)	0.67
Use of antibiotics	48 (5.3)	35 (3.9)	1.37 (0.90 to 2.10)	0.14
Meconium stained amniotic fluid	147 (16.3)	205 (22.8)	0.72 (0.59 to 0.87)	0.001
Mode of delivery:				
Spontaneous vaginal	710 (78.9)	696 (77.2)	1.02 (0.97 to 1.07)	0.40
Operative vaginal	93 (10.3)	108 (12.0)	0.86 (0.66 to 1.12)	0.27
(Secondary) caesarean section	97 (10.8)	97 (10.8)	1.00 (0.77 to 1.31)	0.99
Indication successful operative vaginal delivery:	n=93	n=108		
Failure to progress at second stage	39 (41.9)	49 (45.4)	0.92 (0.67 to 1.27)	0.63
Suspected fetal distress	43 (46.2)	37 (34.3)	1.35 (0.96 to 1.90)	0.08

SWEPIS


19 079
Assessed for eligibility
6525
Excluded
6018 Did not meet eligibility criteria (most had a planned induction of labour for maternal or fetal indication)
507 Spontaneous onset of labour at 41 weeks before randomisation
12 554
Eligible
9792
Declined
2762
Randomised
1383
Allocated to intervention and induction at 41 weeks
1333 Received allocated intervention
48 Did not receive allocated intervention
13 Maternal request
19 Administrative errors
16 Lack of capacity on labour ward
2 Withdrew consent before intervention
1379
Allocated to expectant management and induction at 42 weeks
1351 Received allocated intervention
28 Did not receive allocated intervention
22 Maternal request
6 Administrative errors
0
Lost to follow-up
0
Lost to follow-up
1381
Analysed according to intention to treat
0 Excluded from analysis
1379
Analysed according to intention to treat
0 Excluded from analysis

Sammanfattning av det primära utfallet och statistiskt signifikanta perinatala utfall

Variables	Induction of labour (n=1 381)	Expectant management (n=1 379)	Relative risk (95 % CI)	p-value
Primary composite outcome	33 (2.4)	31 (2.2)	1.06 (0.65 to 1.73)	0.90
Perinatal mortality	0 (0.0)	6 (0.4)	NA	0.03
Stillbirth	0 (0.0)	5 (0.4)	NA	0.06
Neonatal morbidity	33 (2.4)	26/1 374 (1.9)	1.27 (0.76 to 2,11)	0.43
Admission to NICU	55 (4.0)	82/1 374 (6.0)	0.67 (0.48 to 0.93)	0.02
Birth weight (g) Mean (SD)	3 815 (409)	3 875 (436)		<0.001
Small for gestational age	9 (0.7)	22 (1.2)	0.41 (0.19 to 0.88)	0.03
Macrosomia (≥4 500g)	68 (4.9)	114 (8.3)	0.60 (0.45 to 0.80)	<0.001
Jaundice	16 (1.2)	32/1 374 (2.3)	0.50 (0.27 to 0.90)	0.03

Values are numbers (percentages) unless stated otherwise
CI, confidence interval; NA, not applicable; NICU, neonatal intensive care unit; SD, standard deviation

Förlossningssätt och statistiskt signifikanta förlossnings och maternella utfall

Variables	Induction of labour (n=1 381)	Expectant management (n=1 379)	Mean difference (95 % CI)/ Relative risk (95 % CI)	p-value
Time from admission to labour ward to delivery (hours) Mean (SD) Median (IQR)	n=1 380 20.1 (14.8) 16.2 (9.2-27.9)	n=1 378 13.6 (12.2) 10.4 (4.6-19.0)	6.49 (5.50 to 7.50)	<0.001
Duration of labour (hours) Mean (SD) Median (IQR)	n=717 7.13 (5.39) 5.67 (2.85-10.28)	n=880 8.32 (5.94) 6.86 (3.76-11.45)	-1.19 (-1.76 to -0.64)	<0.001
Mode of delivery				
Non operative vaginal delivery	1 150 (83.3)	1 140 (82.7)	1.01 (0.97 to 1.04)	0.71
Caesarean delivery	143 (10.4)	148 (10.7)	0.96 (0.78 to 1.20)	0.79
Operative vaginal delivery	88 (6.4)	91 (6.6)	0.97 (0.73 to 1.28)	0.87
Emergency delivery	138/143 (96.5)	146/148 (98.6)	0.98 (0.94 to 1.01)	0.42
Meconium stained amniotic fluid	233/1 238 (18.8)	320/1 127 (28.4)	0.66 (0.57 to 0.77)	<0.001
Use of epidural anaesthesia	729 (52.8)	669 (48.5)	1.09 (1.01 to 1.17)	0.03
Hypertensive disorders	19 (1.4)	42 (3.0)	0.45 (0.26 to 0.77)	0.004
Endometritis	18 (1.3)	6 (0.4)	3.00 (1.19 to 7.52)	0.02

Values are numbers (percentages) unless stated otherwise. CI, confidence interval

PLOS MEDICINE

RESEARCH ARTICLE

Induction of labour at 41 weeks or expectant management until 42 weeks: A systematic review and an individual participant data meta-analysis of randomised trials

Mårten Alkmark[1,2☯‡*], Judit K. J. Keulen[3☯‡], Joep C. Kortekaas[4], Christina Bergh[5,6], Jeroen van Dillen[4], Ruben G. Duijnhoven[3], Henrik Hagberg[1,2], Ben Willem Mol[7,8], Mattias Molin[9], Joris A. M. van der Post[3], Sissel Saltvedt[10], Anna-Karin Wikström[11], Ulla-Britt Wennerholm[1,2☯‡], Esteriek de Miranda[3☯‡]

Metod

- **Studie design:** Systematisk översikt och “one step individual participant data” metaanalys
- **Urvalskriterier:**
  - **Studie design:** Randomiserade kontrollerade studier
  - **Population:** Friska kvinnor med en normal graviditet, foster i huvudbjudning och utan tidigare kejsarsnitt eller stor uteruskirurgi
  - **Intervention:** Induktion vid 41^{+0-2}
  - **Comparison:** Exspektans till 42^{+0-1}
- **Litteratursökning:**
  - Pubmed, Embase, The Cochrane Library, CINAHL, and PsycINFO
  - Ingen begränsning i publikationsår eller språk

Metod

- ***Primärt utfall:*** sammansatt utfall av perinatal mortalitet och morbiditet (Fem minuters Apgar <4 och/eller HIE II-III och/eller intrakraniel blödning och/eller neonatala kramper och/eller mekonium aspirations syndrom och/eller mekanisk ventilation inom 72 timmar och/eller plexus brachialis skada)
- ***Sekundära utfall:*** Ytterligare neonatala utfall, maternella utfall och förlossningsutfall
- ***Huvudanalys:*** Intention to treat population
- ***Subgruppsanalys:*** På det primära utfallet, perinatal mortalitet och kejsarsnittsfrekvens
  - Paritet: Nollpara jmf med flerpara
  - Maternell ålder: <35 år jmf med ≥35 år
  - Body mass index: < 30 jmf med ≥30

Inkluderade studier och risk för partiskhet

Author	Gelisen et al.	INDEX trial	SWEPIS trial
Selection bias	Unclear	Low	Low
Performance bias	High*	Moderate*	High*
Detection bias	Unclear	Low	Low
Attrition bias	Low	Low	Low
Reporting bias	Unclear	Low	Low
Conflict of interest bias	Low	Low	Low

*The lack of blinding in all RCTs are due to the nature of intervention i.e. it is not possible to blind the participan and staff

IPD-MA n=4 561, IOL n=2 281, EM n=2 280

Aggregate MA n=5 161, IOL 2 581, EM 2 580

Statistiskt signifikanta perinatala utfall i “Individual participant data” metaanalysen

Variable	Induction group (n=2 281)	Expectant management group (n=2 280)	Relative risk/ Peto odds ratio (95 % CI)	p-value
Primary composite outcome	10 (0.4)	23 (1.0)	0.43 (0.21 to 0.91)	0.027
Perinatal mortality	1 (0.0)	8 (0.4)	0.21 (0.06 to 0.78)	0.019
Stillbirth	1 (0.0)	7 (0.3)	0.22 (0.06 to 0.89)	0.034
Admission to a neonatal care	79 (3.5)	109/2 273 (4.8)	0.72 (0.54 to 0.96)	0.024
Admission to a neonatal care ≥4 days	24 (1.1)	46/2 273 (1.9)	0.52 (0.32 to 0.85)	0.009
Birth weight (g) Mean (SD)	3 764 (417)	3 823 (439)		<0.001
Macrosomia (≥ 4500 g)	92 (3.9)	155 (6.7)	0.59 (0.46 to 0.76)	<0.001

Values are numbers (percentages) unless stated otherwise
CI, confidence interval; SD, standard deviation. Relative risk is adjusted for RCT. P-value correspond to the method used to calculate the relative risk/odds ratio

Förlossningssätt och statistiskt signifikanta förlossnings- och maternella utfall i "Individual participant data" metaanalysen

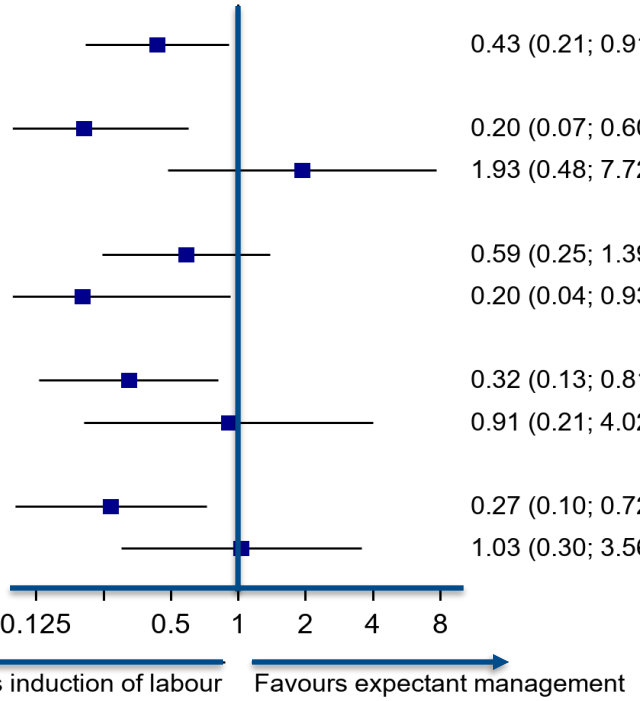
Variable	Induction group (n=2 281)	Expectant management group (n=2 280)	Relative risk (95 % CI)	p-value
Pain treatment (Use of epidural/spinal/opiates)	1 153 (50.5)	1,058 (46.4)	1.09 (1.03 to 1.16)	0.005
Use of epidural anaesthesia	998 (43.8)	906 (39.7)	1.10 (1.03 to 1.17)	0.006
Use of opiates	184 (8.1)	173 (7.6)	NE	NE
Meconium stained amniotic fluid	380/2 138 (17.8)	525/2 028 (25.9)	0.68 (0.61 to 0.77)	<0.001
Use of oxytocin	1 440 (63.1)	1 077/2 280 (47.2)	1.33 (1.26 to 1.40)	<0.001
Mode of delivery	n=2,281	n=2,280		
Spontaneous vaginal delivery	1 860 (81.5)	1 836 (80.5)	1.01 (0.98 to 1.04)	0.41
Caesarean delivery	240 (10.5)	245 (10.7)	0.98 (0.83 to 1.16)	0.81
Operative vaginal delivery	181 (7.9)	199 (8.7)	0.91 (0.75 to 1.10)	0.33
Hypertensive disorders	26 (1.1)	66 (2.9)	0.39 (0.25 to 0.61)	<0.001

Values are numbers (percentages) unless stated otherwise. CI, confidence interval; HELLP, haemolysis, elevated liver enzymes, and low platelet count; NE, not estimable due to zero events in both arms in SWEPIS

Subgruppsanalys av det primära utfallet i ”Individual participant data” metaanalysen

A. Primary outcome: severe adverse perinatal outcome*

	Induction of labour	Expectant management	Relative Risk (95% CI)	P-value for interaction
	Events/Patients			
Total	10/2281	23/2280	0.43 (0.21; 0.91)	
Parity				0.01
Nulliparous	4/1219	20/1264	0.20 (0.07; 0.60)	
Multiparous	6/1062	3/1016	1.93 (0.48; 7.72)	
Age (years)				0.23
<35	8/1802	14/1849	0.59 (0.25; 1.39)	
≥35	2/479	9/431	0.20 (0.04; 0.93)	
BMI (kg/m^2)				0.25
<30	6/1906	18/1852	0.32 (0.13; 0.81)	
≥30	3/246	4/301	0.91 (0.21; 4.02)	
Fetal sex				0.10
Boys	5/1228	18/1194	0.27 (0.10; 0.72)	
Girls	5/1053	5/1086	1.03 (0.30; 3.56)	



Uppföljande kohortstudier efter ändrade riktlinjer i Danmark

AOGS
Acta Obstetricia et Gynecologica Scandinavica

AOGS ORIGINAL RESEA

Decline in stillbi implementation post-date pregna

ANNE R. ZIZZO[1], IDA KIR

[1]Department of Obstetrics and Gy Gynecology, Copenhagen Univers

Table 4. Perinatal complications in post-date pregnancies (gestational age ≥41^{+0} weeks), after implementation of new national guidelines (2012–2014) in comparison with previous guidelines (2008–2010).

Year	Total *n*	*n* (%)	OR	95%CI	aOR[a]	a95%CI[a]	*p*
Stillbirth							
2012–2014	42 075	20 (0.05)	0.54	0.32–0.92	0.50	0.29–0.89	0.018
2008–2010	45 430	40 (0.09)					
Perinatal death							
2012–2014	42 075	33 (0.08)	0.61	0.40–0.94	0.62	0.39–0.96	0.033
2008–2010	45 430	58 (0.13)					
Cesarean section							
2012–2014	42 075	6418 (15.25)	1.00	0.97–1.04	0.98	0.94–1.02	0.251
2008–2010	45 430	6919 (15.23)					
Vacuum extraction							
2012–2014	4 2075	4278 (10.17)	0.89	0.85–0.93	0.86	0.82–0.90	>0.001
2008–2010	45 430	5130 (11.29)					
Apgar below 4 at 5 min							
2012–2014	41 816	71 (0.16)	1.08	0.77–1.50	1.10	0.79–1.55	0.57
2008–2010	45 192	71 (0.17)					
Apgar below 7 at 5 min							
2012–2014	41 816	271 (0.65)	0.97	0.83–1.15	0.96	0.81–1.14	0.678
2008–2010	45 192	301 (0.67)					
Admission of the newborn							
2012–2014	42 075	2329 (5.54)	1.06	1.02–1.15	1.04	1.00–1.12	0.064
2008–2010	45 430	2328 (5.12)					
Induction							
2012–2014	42 075	17 930 (42.61)	1.89	1.83–1.94	1.89	1.84–1.95	<0.001
2008–2010	45 430	12 831 (28.24)					

aOR, adjusted odds ratio; CI, confidence interval; OR, odds ratio.
[a]Adjusted for maternal age, body mass index and parity.

Uppföljande kohortstudier efter ändrade riktlinjer i Danmark

Open access

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Routine in
pregnancie
induction

Eva Rydahl ,[1,2] Eug

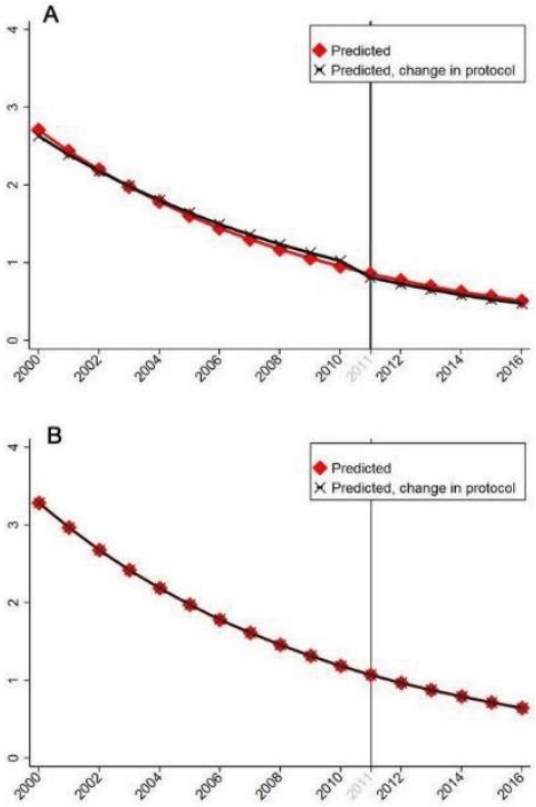
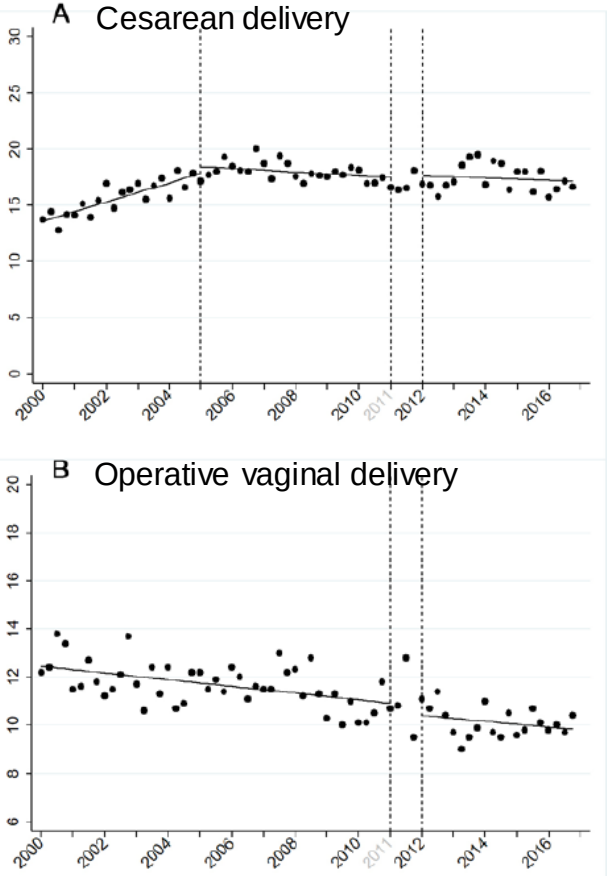


Figure 6. Perinatal outcomes, year 2000–2016 with change in protocol, 2011. (A) Stillbirths per 1000 births (B) Perinatal death per 1000 births. (Rydahl, Declercq, et al., 2019)



Uppföljande kohortstudier efter ändrade riktlinjer i Danmark

Open access Original research

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Are the Danish stillbirth rates still record low? A nationwide

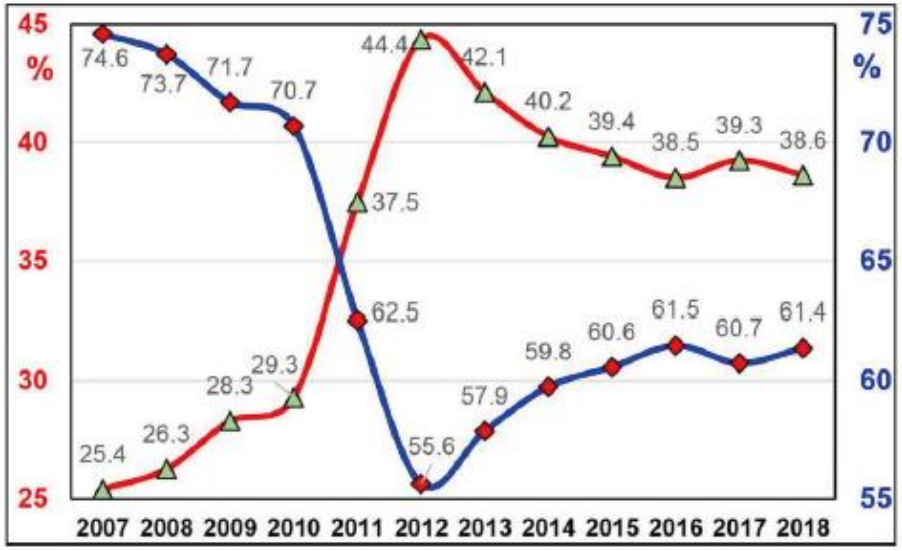

Figure 4. Induction rates from 41 gestational weeks in Denmark 2007–2018 (red Y1). Proportion of non-induced women also shown (blue Y2). (Lidegaard Ø 2020)

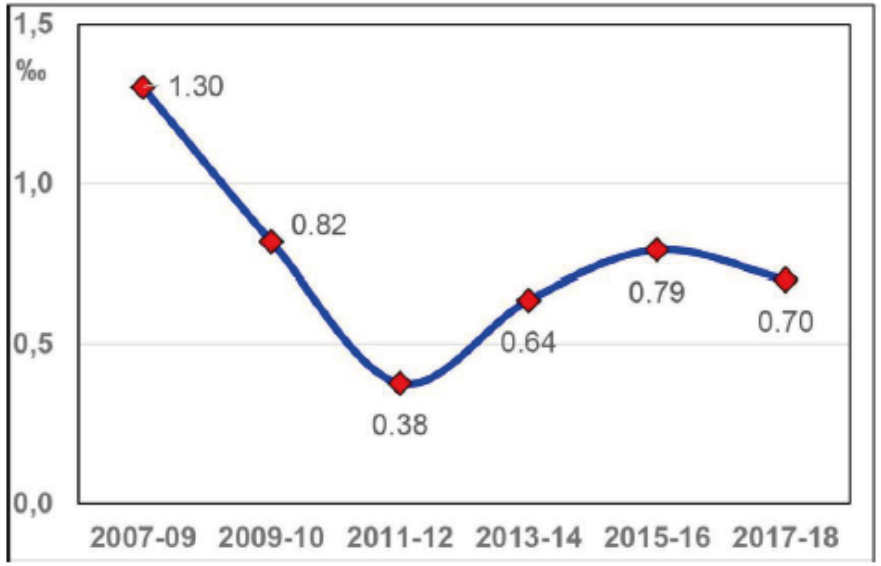

Figure 5. Stillbirth rates per 1000 born from 41 gestational weeks from 2007 to 2018. (Lidegaard Ø 2020)

IUFD i Sverige under 41+0 to 41+6

Year	2016	2017	2018	2019	2020
Stillbirth (‰)	31 (1.7)	21 (1.2)	23 (1.3)	28 (1.7)	14 (0.8)

Information from the Swedish Pregnancy Register made available by MD and Associate Professor Lars Ladfors

Sammanfattningsvis

- Minskad perinatal morbiditet och mortalitet
  - NNT 175 (95% CI 94 to1 267)
- Minskad perinatal mortalitet
  - NNT 326 (95% CI 177 to 2 014)
- Minskad andel barn med neonatal vårdtid ≥4 dagar
  - NNT 103 (95% CI 59 to 385)
- Hypertensiv sjukdom under graviditet
  - NNT 57 (95% CI 39 to 106)
- Ingen förändring i kejsarsnittsfrekvens

KVINNORS ÖNSKAN OCH UPPLEVELSE

Wessberg *et al. BMC Pregnancy and Childbirth* (2017) 17:162
DOI 10.1186/s12884-017-1342-4

BMC Pregnancy and Childbirth

RESEARCH ARTICLE Open Access

Being in liml of pregnanc beyond – A

Anna Wessberg[1,2*], Ingela

Abstract

Background: Globally, the prevalence of post term pregnancy (PTP) is about 5-10%, but the rate varies considerably between and within countries. PTP is defined as a pregnancy ≥294 days, but the definition is arbitrary. Many studies focusing on the prevalence, risks and management of PTP include pregnancies ≥41 gestational weeks (GW). However, qualitative interview studies concerning women's experiences of PTP are lacking. Therefore, the aim of this study was to describe women's lived experiences of a pregnancy ≥41 GW.

Method: The study has a lifeworld research approach. Individual in-depth interviews were conducted from August 2013 to September 2014 with 10 healthy women with an expected normal pregnancy at GW 41 + 1-6 days in Gothenburg, Sweden. Interviews were conducted at the antenatal clinic or in the woman's home, depending on her preference. Data were analysed with a phenomenological reflective lifeworld approach.

Result: The essence of women's experiences of a pregnancy at GW ≥ 41 was described as being in limbo, a void

Conclusions: Being in limbo represents a contradictory state related to time and process of giving birth, when women need to be listened to by healthcare professionals. An understanding of the importance of different information sources, such as family and friends, is necessary. It is vital that women are seen and acknowledged by midwives at the antenatal clinics. In addition, they should be asked how they experience waiting for the birth in order to create a sense of trust and confidence in the process

Keywords: Experiences, Lifeworld, Phenomenology, Post term pregnancy, Prenatal care

Acta Obstetricia et Gynecologica. 2007; 86: 950–956

informa healthcare

ORIGINAL ARTICLE

Women's experiences and attitudes towards expectant management and induction of labor for post-term pregnancy

Abstract

Background. Clinical guidelines for post-term management differ, and studies on women's attitudes are lacking. We aimed to assess the experiences and attitudes among women managed with serial antenatal monitoring or induction of labor, and

At 41 weeks 74% of all women preferred to be induced. Women reported good general and mental health, but physical health and vitality scores were low. In the induction group, 74% of women said they
would prefer the same management in future pregnancies; only 38% of women who had serial antenatal monitoring would
prefer this option again (p<0.001).

induction group compared with the monitored group. However, their experience with labor induction was positive.

Open access Original research

BMJ Open

Women's childbirth experiences in the Swedish Post-term Induction Study (SWEPIS): a multicentre, randomised, controlled trial

Conclusion

The main result of this study was that there were no significant differences in women's childbirth experiences between women randomised to induction of labour at 41 weeks and women randomised to expectant management and induction of labour at 42 weeks. However, women randomised to induction scored higher on the CEQ2 subscale *participation*, but the difference measured with effect size was small. Overall, women's ratings of their childbirth experience were high.

HÄLSOEKONOMISKT FÖRDELAKTIGT

UNIVERSITY OF GOTHENBURG

THE SAHLGRENSKA ACADEMY
INSTITUTE OF CLINICAL SCIENCE
DEP OF OBSTETRICS AND GYNECOLOGY

Induction of labour at 41 weeks of gestation versus expectant management and induction of labour at 42 weeks of gestation: a cost-effectiveness analysis

Authors

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Accepterd av BJOG 2021-05-19

Metod

- ***Studie design:*** Kostnads-effektivitets analys inom SWEPIS
- ***Primärt utfall:*** kostnad per kvalitetsjusterat levnadsår (QALY) och kostnad per levnadsår
- ***Sekundära utfall:***
  - Total kostnad för förlossningsvård (slutenvård och öppenvård inkl mödrahälsovård) och neonatalvård
  - Total kostnad för förlossningen
  - Total kostnad för neonatalvården
  - Total kostnad slutenvård och öppenvård (inkl mödrahälsovård) innan förlossningen
- ***Huvudanalys:*** Intention to treat population

Incremental cost-effectiveness ratio (ICER)

$$\text{ICER} = \frac{\text{Total birth costs}_{\text{IOL}} - \text{Total birth costs}_{\text{EM}}}{\text{Life years}_{\text{IOL}} - \text{Life years}_{\text{EM}}}$$

$$\text{ICER} = \frac{\text{Total birth costs}_{\text{IOL}} - \text{Total birth costs}_{\text{EM}}}{\text{QALY}_{\text{IOL}} - \text{QALY}_{\text{EM}}}$$

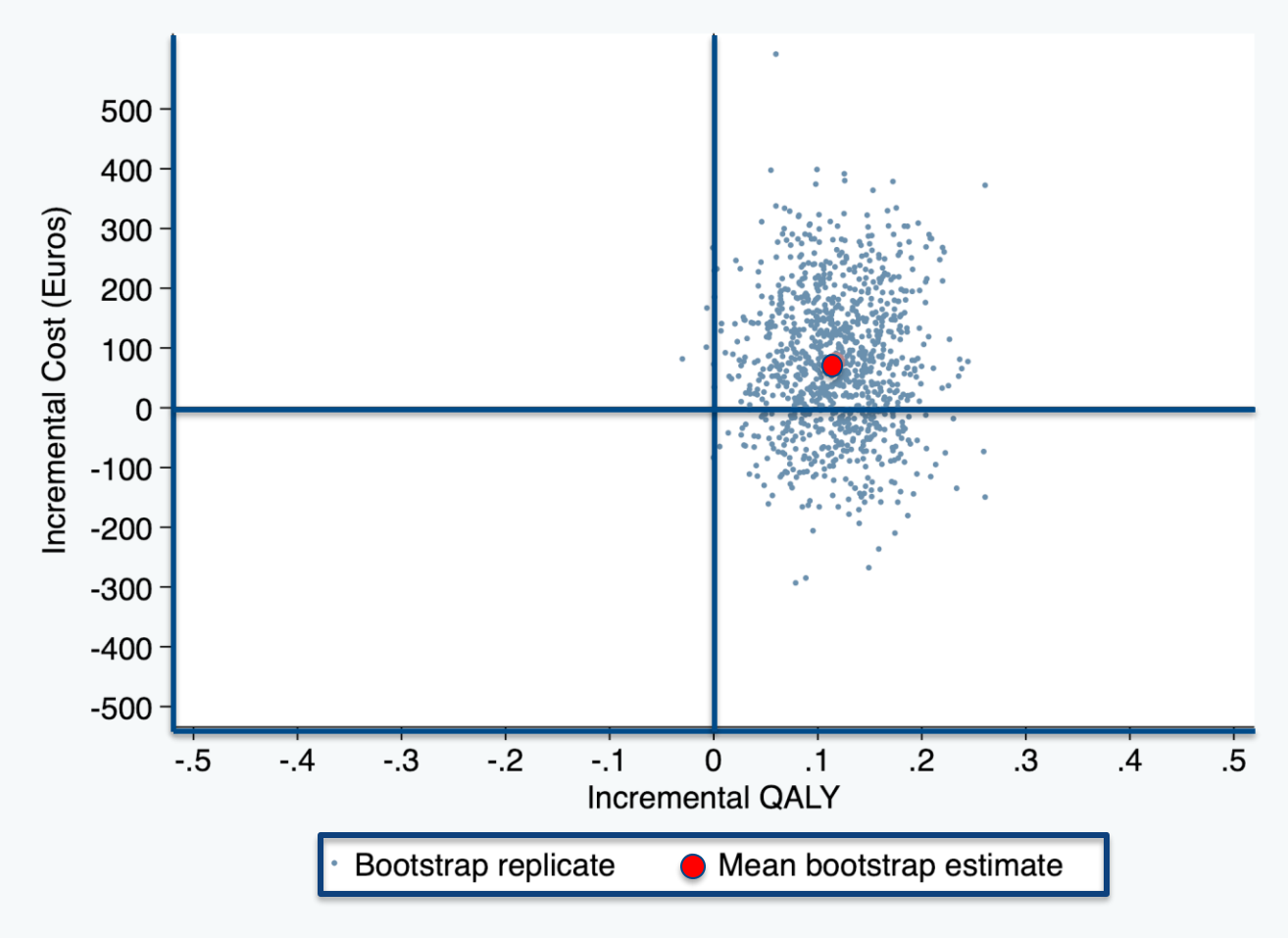
Table 2. Cost-effectiveness analysis of induction of labour compared with expectant management

Main analysis				
Treatment	Incremental LYs*	Incremental QALYs*	ICER per LY	ICER per QALY
Induction of labor (n=1373) versus expectant management (n=1373)	0.14 (0.03 – 0.24)	0.12 (0.02 – 0.22)	€524/LY (dominant to €3664)	€601/QALY (dominant to €4199)

Cost-effectiveness plane with incremental costs and QALYs

€601/QALY
95 % CI:
dominant to €4199

€524/LY
95 % CI:
dominant to €3664



Medelkostnad för de sekundära utfallen i Euros

Main analysis

Treatment	Delivery costs	NICU costs	Costs for outpatient visits and inpatient stay	Total cost per birth
Induction of labour group (n=1373)	3911 (3797 – 4026)	175 (101 – 248)	22 (18 – 27)	4108 (3966 – 4251)
Expectant management group (n=1373)	3569 (3455 – 3683)	380 (249 – 510)	89 (80 – 97)	4037 (3594 – 4217)
Incremental cost	342 (184 – 501)	–205 (–343 to –67)	–66 (–76 to –56)	71 (–135 to 278)

95% CIs for the incremental cost are based on bootstrapped bias corrected standard errors.
(1€ = 10.27 SEK). NICU, Neonatal intensive care unit

Slutsats

- Induktion vid vecka 41^{+0} är kostnadseffektivt jämfört med exspektans till 42^{+0} I förhållande till det svenska standard tröskelvärdet på €50 000 som ett acceptable kostnad för ett vunnet LY and QALY

- Vi såg inte någon signifikant skillnad i total kostand för sjukvården

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Tack

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