

Patient Information

For women with low-risk pregnancies: What happens when you reach 41+0 weeks of pregnancy?

Swedish recommendations advise that babies ought to be born before pregnancy week 42+0. You are therefore offered an appointment at the hospital for assessment and individual care planning in or around week 41+0 if you have not given birth before this week.

At the hospital you will be assessed by a midwife or a doctor who, in consultation with you, decides whether induction of labour is indicated or further expectation of spontaneous birth can be safely undertaken. The assessment involves a discussion on the advantages and disadvantages of inducing labour compared to spontaneous start of labour, as well as the methods of induction that can be used. A risk assessment of your pregnancy and baby is undertaken and your wishes are also taken into account.

It is common that spontaneous start of labour occurs at the beginning of pregnancy week 41. The chances of spontaneous start can be increased using a method called membrane sweeping which is hence offered in the consultation.

Research shows that there may be medical benefits to inducing labour at the beginning of pregnancy week 41, as the risk of stillbirth appears to be lower than if you wait until 42 weeks. However, the risk of stillbirth in Sweden is generally low overall.

Inducing childbirth

Inducing childbirth involves the use of different methods to mature the cervix and to induce contractions, and this process can take a long time, sometimes several days. It is important to be patient and to be mentally prepared for the time it may take.

You may need pain relief and help to be able to sleep when you need to rest. There are different methods used to induce birth and this is based on your situation at the time:

- If your cervix is immature, medications called prostaglandins or a “balloon catheter” may be used to ripen the cervix. These methods aim to soften and dilate the cervix. Contractions may also start.
- The balloon catheter involves inserting a soft plastic tube with a balloon at the tip, through the vagina into the cervix, after which the balloon is filled with fluid. This is done by a doctor or a midwife.
- If the cervix is mature, the midwife or doctor may break your waters by piercing the membranes near the cervix, which often induces contractions. However, if further contractions are necessary, you will be offered an intravenous infusion called Oxytocin.
- Sometimes several methods need to be used at the same time.

In the absence of spontaneous onset of labour

If you have not given birth by _____ / _____ you should contact
_____ on tel.no: _____

to receive a time for assessment and individual planning.

Read more

Read more about inducing labour on 1177.se
See ["Inducing labour" – 1177](#).

If you have any questions

You can always contact your midwife at your midwifery clinic for further information.