

Early-term delivery may not up adverse neonatal outcomes

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(HealthDay)—Elective early-term deliveries may not be associated with

increased risk of adverse neonatal outcomes, according to a study published in the April issue of *Obstetrics & Gynecology*.

Jason L. Salemi, Ph.D., M.P.H., from the Baylor College of Medicine in Houston, and colleagues conducted a population-based retrospective cohort study involving 675,302 singleton infants born at 37 to 44 weeks of gestation from 2005 to 2009. The population was categorized into groups based on timing and reason for delivery initiation, with four subtypes of deliveries at 37 to 38 weeks of gestation and a comparison group of expectantly managed infants delivered at gestational week 39 to 40.

The researchers found that infants delivered after elective induction at 37 to 38 weeks of gestation did not have increased odds of neonatal respiratory morbidity, sepsis, or neonatal intensive care unit admission, but they did have slightly elevated odds of feeding difficulty compared with infants managed expectantly and delivered at 39 to 40 weeks of gestation (odds ratio, 1.18). The odds of adverse outcomes were increased by 13 to 66 percent for infants delivered by elective cesarean at 37 to 38 weeks. Early inductions and early cesarean deliveries had similar survival experiences compared with the expectant management group.

"The issues that surround the timing and reasons for delivery initiation are complicated and each pregnancy unique," the authors write. "This study cautions against a general avoidance of all elective early-term [deliveries](#)."

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