

WHO recommendations on **induction of labour, at or beyond term**



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Acronyms and abbreviations

ANC	antenatal care
AROM	artificial rupture of membranes
DOI	declaration of interests
ERG	Evidence Review Group
ESG	Evidence Synthesis Group
EtD	Evidence-to-Decision
FIGO	International Federation of Gynecology and Obstetrics
GDG	Guideline Development Group
GRADE	Grading of Recommendations Assessment, Development and Evaluation
GSG	Guideline Steering Group
HRP	UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction
ICM	International Confederation of Midwives
MPH	maternal and perinatal health
MPH-GDG	WHO Maternal and Perinatal Health Guideline Development Group
NGO	nongovernmental organization
PICO	population (P), intervention (I), comparator (C), outcome (O)
QES	qualitative evidence synthesis
RCT	randomized controlled trial
RevMan	Review Manager 5 software
SDG	Sustainable Development Goal
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Executive summary

Introduction

In 2019, the Executive Guideline Steering Group (GSG) for the World Health Organization (WHO) maternal and perinatal health recommendations prioritized updating three then-current WHO recommendations on induction of labour at term or beyond (i.e. the timing of induction of labour), the use of mechanical methods for induction of labour and the use of outpatient settings for induction of labour.¹ This decision was based on new evidence on these subjects that had become available. The updated recommendations in this document on the timing of induction of labour supersede the previous WHO recommendations on this topic in the 2018 publication *WHO recommendations: induction of labour at or beyond term*.

Target audience

The primary audience for these recommendations includes health professionals who are responsible for developing national and local health-care guidelines and protocols and health workers involved in the provision of care to women and their newborns during pregnancy, labour and childbirth; this includes midwives, nurses, general medical practitioners and obstetricians. The primary audience also includes managers of maternal and child health programmes, and relevant staff in ministries of health and educational and training institutions in all

priority questions and outcomes; (ii) retrieval of evidence; (iii) assessment and synthesis of evidence; (iv) formulation of the recommendations; and (v) planning for the dissemination, implementation, impact evaluation and future updating of the recommendations.

The scientific evidence supporting the recommendations was synthesized using the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach. Updated systematic reviews were used to prepare the evidence profiles for the priority questions for each of the three thematic areas relating to induction of labour. For the recommendations in this guideline, the priority question was: In pregnant women at or beyond term, does induction of labour, compared with expectant management, improve maternal and perinatal outcomes? WHO convened a meeting on 21–22 October 2021 at which the Guideline Development Group (GDG) members reviewed, deliberated and achieved consensus on the strength and direction of the recommendations. Through a structured process, the GDG reviewed the balance between the desirable and undesirable effects and the overall certainty of the supporting evidence, values and preferences of stakeholders, resource requirements and cost-effectiveness, equity, acceptability and feasibility.

Recommendations

Following the review of the Evidence-to-Decision (EtD) frameworks, the GDG formulated the two updated recommendations presented in the box

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