

Factsheet - Induction of labour at 41 weeks

At a glance




Pregnancy which continues beyond 42 weeks is known as “Post Maturity”. Induction is offered from 41 weeks to reduce the small but increasing chance of stillbirth and other complications. The exact cause of increased stillbirth remains unclear and may involve multiple factors.

Your Choices

- ✓ Accept induction or plan caesarean birth at 41 weeks
- ✓ Decline induction and choose extra monitoring.
- 💡 Talk through other options with your midwife or obstetrician.

Did you know?

This table shows the risk of stillbirth after 40 weeks. Using UK evidence, it indicates what might happen if you decide not to choose induction. Individual risks may vary for other reasons.

Gestational week	White pregnancies	Black and ethnic minority pregnancies	Pregnancies in the most deprived areas
Stillbirth (40 weeks) 	1.5 per 1,000 (0.13%) births	2-2.6 per 1,000 (0.2-0.26%) births	1.8-2.0 per 1000 (0.18-0.2%) births
Stillbirth (41 weeks) 	1.6 per 1,000 (0.16%) births	3.0-3.5 per 1,000 (0.3-0.35%) births	2.5-3.0 per 1000 (0.25-0.3%) births
Stillbirth (42 weeks) 	2.2 per 1,000 (0.22%) births	4.5-5.0 per 1,000 (0.45-0.5%) births	3.5-4.0 per 1000 (0.35-0.4%) births

This table shows what might happen if you choose induction or wait longer. It uses UK evidence.

Gestation	Chance of Caesarean Birth	Babies Needing Special Care
39-40 weeks	About 16-18 per 100 chance	About 3-4 in 100 chance
41 weeks (Induction)	About 18-20 per 100 chance	About 4-5 in 100 chance
Wait past 41 weeks	About 22-25 per 100 chance	About 6-7 in 100 chance

Key Insights:

Research shows that stillbirth rates are higher among certain groups, including babies of Black and Asian ethnicity, and families living in more deprived areas. These differences persist even when other factors like maternal age and smoking are considered.

Most women who choose to wait for labour to begin naturally will go into labour before 42 weeks.

Pregnancy week	Chance of spontaneous labour
40	65 in 100
41	88 in 100
42	90 in 100

What Happens if you decide not to be induced

If your preference deviates from recommended care, you will be offered an appointment to discuss this further with your obstetrician, you will be supported to discuss your options and any extra monitoring plan.

Need Help or Have Questions?

Speak to your midwife or call Triage: 01772 524495

Here's a practical BRAIN Decision Tool. It's designed to help clarify thought processes and support informed choices:

How to Use It:

Write down your thoughts under each heading.

Discuss them with your midwife or healthcare team.

Use this as a guide, not a rule - your choice matters.

Some examples have been added to the table to help you get started.

B - What are the potential benefits of induction for me and my baby?

Examples:

Reduces chance of stillbirth after 41 weeks.

Planned timing for birth.

May lower risk of complications linked to ageing placenta.

R – What are the possible risks or downsides?

Examples:

Longer labour process.

Increased chance of interventions (e.g., assisted birth).

Possible discomfort from induction methods.

Longer stay in hospital

A – What other alternatives do I have?

I – What does my intuition tell me?	
N – What happens if I do nothing right now?	