

Factsheet - Induction of labour in IVF Pregnancies

At a glance

Pregnancies conceived through in vitro fertilisation (IVF) or other assisted reproductive technologies (ART) are often treated with additional caution. This is because research has shown that these pregnancies may carry a higher chance of stillbirth and other complications, particularly as they approach or go beyond the due date.

Your Choices

- ✔ Accept induction or plan caesarean birth between 39–40 weeks.
- ✔ Decline induction and choose extra monitoring.
- 💡 Talk through other options with your midwife or obstetrician.

Did you know?

These figures are based on UK and international research; individual risk may vary.

Concerns after 39 weeks	IVF pregnancies	Spontaneous Pregnancies	Detail
High blood pressure	6-10% (6-10 per 100 pregnancies)	5-8% (5-8 per 100 pregnancies)	Frozen embryo transfer cycles may carry a higher chance of high blood pressure than fresh cycles.
Gestational Diabetes	6-8% (6-8 per 100 pregnancies)	5% (5 per 100 pregnancies)	Likely influenced by maternal age and BMI rather than IVF alone
Low Birth Weight	8-10% (8-10 per 100 babies)	6% (6 per 100 babies)	

IVF pregnancies are usually healthy, but they can have a few extra complications. This is often linked to increasing age or other pre-existing health issues.

- The chance of stillbirth is approximately 3 times higher than in spontaneous pregnancies after 39 weeks.
- Problems like high blood pressure and small babies happen more often.
- Diabetes in pregnancy is also a bit more common.

Because of this, doctors in the UK often offer induction at 39–40 weeks for IVF pregnancies as a risk-reduction strategy, supported by national guidance.

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 who will discuss your options and any extra support and monitoring you will need.

**Need Help or Have Questions?
Speak to your midwife or call Triage:
01772 524495**

Here's a practical BRAIN Decision Tool. It is deigned 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.

May reduce chance of high blood pressure complications.

R – What are the possible risks or downsides?

Examples:

Increased likelihood of interventions (e.g., oxytocin, continuous monitoring).

Possible longer labour and need for pain relief.

Small risk of failed induction leading to caesarean.

A – What other alternatives do I have?

I – What does my intuition tell me?

N – What happens if I do nothing right now?