

#LetsTalkTiming

Let's Talk Timing of Birth



Information to help you
talk with your midwife or
doctor about the best timing
for your baby's birth.

Scan here to watch a video
summarising the information in
this brochure.





Congratulations on your pregnancy!

This brochure contains information to help you have a safe and healthy pregnancy, and to help you understand the best time for your baby's birth.



When will my baby be born?

Your baby's estimated date of birth or due date is usually 40 weeks after the first day of your last period. However, it is sometimes calculated based on your earliest ultrasound. Most women (around 90%) have their baby between 37 and 42 weeks and this is called term. Before 37 weeks is called preterm, from 37-38+6 weeks is referred to as early term, and from 42 weeks on is called post term. In many pregnancies the timing of birth is decided when your labour starts on its own. Giving birth close to your due date is generally best for your baby's development. However, sometimes babies need to be born at an earlier time and this is called **planned birth**.



What is a planned birth?

A planned birth is when a woman has her baby at a specific time instead of waiting to go into labour for her baby to be born. This is usually done by an induction of labour or, if necessary, a caesarean section. However, if a planned birth is decided, it is very important to pick the right time.



Every Week Counts

Your baby still has growing to do, is still developing and is becoming stronger right up to 39-40 weeks. Every week that a baby is born early can impact their health. Sometimes you might reasonably ask 'why wait until close to my due date?' especially if there are any concerns. The fact is that being born preterm (even close to 37 weeks), and in the early term period (37-38+6 weeks) can lead to a higher chance of some outcomes for children, such as learning difficulties at school and/or behavioural problems. Getting the balance right between benefits and risks is really important when deciding on timing of birth.

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Scan this QR code to take a closer look at the benefits of a longer pregnancy for babies.



When might a planned birth be considered?

The main reason women have a planned birth is to reduce the chance of problems for them or their baby, including stillbirth. Stillbirth is when a baby dies before birth and while this is a tragedy, it is a rare event. The chance of stillbirth is slightly higher later in pregnancy and is even higher post term (beyond 42 weeks).

For women with a medical condition (e.g. diabetes or high blood pressure), or if there are pregnancy complications (e.g. concerns about baby's growth), a planned birth may be recommended. Other factors that increase a woman's risk of stillbirth include being older, being above a healthy weight range, having your first baby, conceiving using IVF, and continuing to smoke, use drugs or drink alcohol throughout pregnancy.

Women from some cultural groups or ethnicities, including Aboriginal and Torres Strait Islander women, and women born in Sub-Saharan Africa or South Asia have a slightly higher chance of stillbirth.



If any of these apply to you, it does NOT mean you will have a stillbirth. Your midwife or doctor will explain your chance of stillbirth and discuss with you options for the timing of your baby's birth, and if you or your baby need closer monitoring. If the chance of stillbirth is very low, your midwife or doctor will usually recommend that you wait for your baby to come when your labour starts.



Talking it through and deciding what is best for you and baby

Deciding whether you should have a planned birth or wait for your baby to be born is not always easy. It is important to know the benefits and risks of both options for you and your baby. It is also important to think about your own beliefs, values and preferences. Your midwife or doctor will discuss these things with you, answer your questions and support you in reaching the best decision. This is called shared decision-making.



My notes and questions

Every pregnancy is unique. The decision about the timing of your baby's birth should consider your own beliefs and preferences, and be based on balancing the health benefits to you and your baby with any risks specific to your pregnancy.



Remember

The chance of stillbirth is very low, but it is important to be informed and take measures to reduce your risk. Speak with your doctor or midwife about how to have a safe and healthy pregnancy. Things you can do to reduce your risk of stillbirth include:



For women who smoke, seek help to stop as soon as possible



Attend all appointments to monitor your health and your baby's growth



Be aware of your baby's movements from 28 weeks onwards and report any changes to your doctor or midwife



Go to sleep on your side from 28 weeks onwards