methods for induction of labour, and the use of outpatient settings for induction of labour. This decision was based on new evidence on these subjects that had become available since the publication of the previous WHO recommendations in 2011 and 2018 *(7, 8)*.

These updated recommendations were developed in accordance with the standards and procedures in the *WHO handbook for guideline development*, including the synthesis of available research evidence; use of the Grading of Recommendations Assessment, Development and Evaluation (GRADE),[6] application of the WHO-INTEGRATE framework; and formulation of recommendations by a Guideline Development Group (GDG) composed of international experts and stakeholders *(9–12)*. The recommendations in this document, on induction of labour at term or beyond, thus supersede the previous 2018 WHO recommendations on this topic, as new evidence on effectiveness became available *(8)*.[7] The primary aim of these recommendations is to improve the quality of care and outcomes for women whose pregnancies have reached term or gone beyond term. This document describes the evidence reviewed and the factors taken into consideration by the GDG to inform the updated recommendations on the timing of induction of labour for pregnancies at or beyond term.

1.3 Target audience

The primary audience 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 during labour and childbirth, including 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 settings.

These recommendations will also be of interest to pregnant women, as well as members of professional societies involved in the care of pregnant women, staff of nongovernmental organizations (NGOs) concerned with promoting people-centred maternal care, and implementers of maternal and perinatal health programmes.

1.4 Scope of the recommendations

These recommendations were framed using the population (P), intervention (I), comparator (C), outcome (O) (PICO) format. The priority question for these recommendations in PICO format was:

In pregnant women at or beyond term (P), does induction of labour (I), compared with expectant management (C), improve maternal and perinatal outcomes (O)?

Problem: Perinatal risks associated with post-term pregnancy

Perspective: Clinical practice recommendation – population perspective

Population: Pregnant women at or beyond term

Intervention: Labour induction

Comparator: Expectant management

Outcomes: See Annex 2

Setting: Hospital settings

Subgroups: Parity; gestational age (< 41 weeks or ≥ 41 weeks), favourable or unfavourable cervix

1.5 Persons affected by the recommendations

The population affected by the recommendations includes all pregnant women.[8]

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6 Further information is available at: https://www.gradeworkinggroup.org/.

7 The updated recommendations on mechanical methods and outpatient settings for induction of labour are presented in separate publications, available at https://apps.who.int/iris/bitstream/handle/10665/363140/9789240055780-eng.pdf and https://apps.who.int/iris/bitstream/handle/10665/363141/9789240055810-eng.pdf, respectively.

8 Throughout this guideline, to be concise and to facilitate readability, the term "woman" is used to refer to pregnant women and others/gender-diverse people who can get pregnant. While a majority of persons who are or can get pregnant are cisgender women, who were born and identify as female, transgender men and other gender-diverse people may have the reproductive capacity to become pregnant.