This section presents the two updated recommendations on the timing of induction of labour that were formulated by the GDG, followed by the corresponding narrative summary of the evidence. To ensure that the recommendations are correctly understood and appropriately implemented in practice, additional remarks reflecting the summary of the discussion by the GDG are included with the recommendations.

RECOMMENDATION 1. Induction of labour is recommended for women who are known with certainty to have reached 41 weeks (greater than or equal to 41 weeks +0/7 days) of gestation *(moderate-certainty evidence)*.

RECOMMENDATION 2. Routine induction of labour, for women with uncomplicated pregnancies, at less than 41 weeks is not recommended *(low-certainty evidence)*.

Remarks:

- Accurate gestational dating of the pregnancy is critical. WHO recommends one ultrasound scan before 24 weeks of gestation (early ultrasound) for pregnant women to estimate gestational age, improve detection of fetal anomalies and multiple pregnancies, reduce induction of labour for post-term pregnancy and improve a woman's pregnancy experience *(24)*.
- Most women will give birth by the end of the 41st week of gestation. Spontaneous onset of labour minimizes interventions, the potential for over-medicalization of a physiologic process, and may lead to a more positive birth experience.
- The GDG noted updated evidence from a large study from a high-income country that showed a modest level of perinatal benefits for low-risk women who underwent induction of labour at 39 completed weeks of gestation (slight reduction in caesarean section and perinatal morbidity). The evidence for perinatal benefits may not be generalizable to lower-resource settings.
  - However, in settings where induction of labour can be carried out safely, women with uncomplicated pregnancies at full term (39 weeks and up to 41 weeks of gestation) may consider induction of labour in the context of their values and preferences. These settings should be able to provide midwifery care, fetal heart rate monitoring at frequent intervals, immediate access to caesarean section, if needed, and access to pain relief. The process of joint decision-making for this and all other interventions should begin early during antenatal care (ANC) contacts.
- The GDG noted that induction of labour can increase the use of resources (i.e. induction agents, health workers, facility preparedness) and the risk of iatrogenic complications (i.e. inadvertent prematurity). The indication for induction of labour should document the specific clinical indication or state that it was undertaken at maternal request.
- High-quality ANC and fetal surveillance should continue until the onset of labour or induction for the indication of post-term pregnancy *(25)*.
- These recommendations pertain to women with uncomplicated pregnancies.