Avoiding an induction is going to be something you'll need a lot of research to feel confident in. In my experience, whether diet controlled or not, doctors will try to scare moms into induction. So please get all of this information soaked into your mind!

Here you go...

Induction for GD:

1. There is no evidence that there is any link between GD and stillbirth:<http://www.nejm.org/doi/full/10.1056/NEJMoa0707943#t=article>
2. Not a significant decrease in shoulder dystocia based on induction for GD. The data presented a “composite outcome”
3. composite outcome—the numbers are too small to look at individual outcomes, so we look at a combination. In this case, the risk of experiencing 1 of 4 things.
4. <http://www.nejm.org/doi/full/10.1056/NEJMoa042973>

There is ONLY one randomized trial that compared elective early induction versus letting labor begin on its own in women with gestational diabetes. It was only done with 200 patients and they did not report how they randomized the women.<http://www.ncbi.nlm.nih.gov/pubmed/8372870>

Recent systematic review about inductions, in which researchers found that there is not enough evidence to support the routine induction of women with gestational diabetes:

<http://www.ncbi.nlm.nih.gov/pubmed/19191776>

Researchers are currently conducting a large randomized controlled trial to compare induction versus watchful waiting in 1,760 women:<http://www.ncbi.nlm.nih.gov/pubmed/21507262>

Induction for Big Baby:

Initial Question: Am I being diagnosed with macrosomia (baby is measuring more than the 90thpercentile)?

Answer: No = no evidence, research, scientific or medical reason at all for induction or c-section

Answer: Yes = ACOG still suggests a Trail of labor is best for mom and baby.<http://www.aafp.org/afp/2001/0701/p169.html>

Also, CPD (Cephalopelvic Disproportion), the term for describing the fact that a baby will not fit through a pelvis, is not and cannot be diagnosed prenatally. A presumption of CPD is leaving out 1. The ability for the baby’s head to mold through the pelvis (as they do in every vaginal birth)

2. The effect of the release of the relaxin hormone during labor on the pelvis’s ability to spread wider.