



INDUCTION OF LABOUR

Sometimes it is necessary to help a woman to start her labour using artificial methods. This is called induction of labour.

What is an induction of labour?

In most pregnancies, labour starts naturally between 37 and 42 weeks, leading to the birth of a baby. Labour is 'induced' when doctors and midwives encourage the process of labour to start artificially.

Why is induction recommended?

The most common reasons for induction of labour are the:

- pregnancy has gone longer than 41 weeks
- waters have broken but the contractions of labour have not started naturally
- baby is not well or is not growing well
- mother has specific health issues.

Are there any risks?

There are risks associated with induction. Some women do not want to be induced and will choose to 'wait and see' whether natural labour will start.

There are also risks associated with continuing your pregnancy when an induction has been recommended.

Before you make a decision, your doctor or midwife will explain the risks of having or not having an induction.

How is labour induced?

There are four different ways that labour is induced:

- prostaglandin
- a balloon catheter
- artificially breaking the waters
- oxytocin.

Most women need a mixture of these before they have their baby.

What happens on the day of the induction?

A decision may be made to change your method of induction on the day of your induction. After a vaginal examination, changes to your cervix may mean that another method of induction is more appropriate. Your doctor or midwife will discuss this with you.

How long will it take?

Once the induction has started, you will be monitored regularly. You can walk around but you must not leave the hospital. Your cervix is assessed regularly to check its progress. Induction is not a quick process. Once it has started, it may take more than 24 hours until your baby is born. If your cervix needs to be primed, it may take two days or more.

Can you change your mind after induction has started?

Once induction has commenced, it is expected to continue until your baby is born. We do not recommend stopping the induction process.

Will it be more painful than natural labour?

Every labour is different. For some women an induced labour is more painful than a labour that starts on its own, however this is not true for all women. Epidurals are usually available if needed.

Will it work?

Sometimes induction does not work and you may not go into labour. If this happens and all safe options have been tried, you may need a caesarean.

Methods of induction

The method of induction you need will depend on how ready your cervix (the neck of your womb) is for labour to begin. Your doctor or midwife will do a vaginal examination to check your cervix and then discuss which method is most appropriate for you.

If your cervix is not ready for labour, you may need 'priming'. Priming helps to prepare your cervix for labour and can be done by using either a balloon catheter or prostaglandin.

These methods help to prepare your cervix for labour but do not usually make labour start.

Priming can take from 6 to 48 hours. Once your cervix is open, you may need:

- your waters to be broken and
- oxytocin, a medication that commences contractions.

You will most likely have both of these before going into labour and having your baby.

Prostaglandin

Prostaglandin is a gel or tablet that is inserted into your vagina to soften the cervix and help prepare it for the next stage of labour.

When prostaglandin is in place, you will need to lie down for at least 30 minutes and remain in the hospital usually until labour begins.

Things you should be aware of

- Prostaglandin sometimes causes vaginal soreness.
- A small number of women experience some reactions such as nausea, vomiting or diarrhoea.
- Very occasionally, prostaglandin can cause the uterus (womb) to contract too much. If this happens, you will be given medication to relax the uterus.
- Most women will need further help to go into labour.

Balloon catheter

A thin tube called a catheter, with a balloon on the end is inserted into your cervix and the balloon is then inflated with water. This is called a balloon catheter and is used to apply pressure to your cervix. It helps to open it, preparing it for the next phase of labour.

The catheter is left in place for up to 12 hours then, after the water is taken out from the balloon, the catheter is removed. You can move around normally while it is in place.

After the catheter is removed, you will have another vaginal examination to determine the next steps.

Things you should be aware of

- Most women will require further assistance to go into labour.

Artificial Rupture of Membranes (ARM)

This procedure is commonly known as breaking your waters.

Once the cervix is open enough, your doctor or midwife will use a small instrument with a hook on the end to break your waters. This will not hurt but the examination can be uncomfortable. Your waters will continue to run out in small amounts throughout your labour.

Things you should be aware of

- Although breaking your waters is usually straightforward, it can increase the risk of cord prolapse, bleeding and infection. Your doctor or midwife will take care to avoid this but are trained to deal with any emergency that might happen.
- It is rare for labour to start just by breaking your waters. It is best to start using oxytocin soon after your waters are broken.

Oxytocin

This medication is the same hormone that makes you go into labour naturally. A needle is placed into a vein and attached to a drip containing oxytocin.

A pump controls the amount of oxytocin medication you are given. Your midwife will turn up the drip every half hour until you are in labour. The length of time this takes differs for each woman but it can take several hours.

A midwife will usually stay with you while the drip is running. Your baby's heart rate will be monitored throughout labour using a CTG machine.

Things you should be aware of

- Your ability to move around will be limited by the drip and CTG machine.
- Very occasionally, oxytocin can cause the uterus to contract too much. If this happens, you will be asked to lie on your left side and the drip will be adjusted or stopped. Another drug may be given to reduce the contractions. This may be done if there are concerns about your baby's heartbeat. Our doctors and midwives are trained to deal with these issues.
- If your induction is with oxytocin, you will be unable to have a water birth

IF YOU ARE HAVING AN INDUCTION AT THE WOMEN'S

On the day of your induction

Please arrive at the confirmed time.

- If you are late, your induction may be postponed.
- Arriving early does not mean that you will be seen earlier.

After your admission to hospital, your doctor or midwife will:

- do a vaginal examination to assess your cervix
- check your baby's position
- use a monitor to track your baby's heart.

A vaginal examination will help your doctor or midwife to decide how ready your cervix is for labour to begin. They will then discuss with you which method of induction is most appropriate.

Your induction will usually start within an hour of admission, however this may be delayed or rescheduled if the hospital is extremely busy.

While we understand that you may find the delay upsetting, we want to give you and your baby the best care that we can and will not start your induction if no one is available to look after you properly. We will keep you informed and do our best to make the delay as short as possible.

Time and date of your induction

Date:

Time to arrive:

Where to go:

Proposed induction method:

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We will call you to confirm your date and time. Sometimes we may need to reschedule these.

Contact us

To speak to a midwife about your induction of labour

- Parkville: (03) 8345 2170
Monday – Friday (8.30am – 4.30pm)
- Sandringham: (03) 9076 1245
Monday – Sunday (24 hrs)