

## Induction of Labour

**NOTE: Please contact the Maternity ward on 51503455 after 7:00am the day of your scheduled induction to confirm your booking.**

### What is labour?

In most pregnancies, labour starts naturally between 37 and 42 weeks, leading to the birth of the baby. When labour starts a number of changes take place in your body:

- The cervix (neck of the womb) softens and shortens, and then dilates (opens)
- The fluid-filled membrane sac surrounding your baby tears ('your waters break')
- The womb contracts to push your baby out.

### Induction

Labour is said to be 'induced' when doctors and midwives encourage the labour process to start artificially.

### When is induction of labour recommended?

Approximately 25% of women have an induction of labour. The most common reasons are:

- the woman has specific health concerns (such as diabetes or high blood pressure)
- the baby is not well or distressed
- the pregnancy has lasted longer than 41 weeks (prolonged pregnancy)
- the waters have already broken but the contractions of labour have not started naturally

**An induction is recommended when it is considered that your health and/or your baby's health will benefit.**

### Making your choice

Everyone has the right to be fully informed and to share in decision-making about health care. Before you make a decision about induction, your doctor or midwife will explain:

- why an induction has been recommended for you, and the potential benefits
- the potential risks with continuing your pregnancy until labour starts naturally
- potential risks with having an induction of labour with each method
- the procedures and care that is involved during an induction of labour

Some women will choose to 'wait and see' whether natural labour will start. However, it is important that you are aware of the risks of both options so that you can decide what is best for you. If women request an induction of labour for non-medical reasons this requires further consultation with health professionals as this may not be possible due to potential risks to mother and baby.

### How is labour induced?

Before starting the induction, your doctor or midwife will assess your cervix (the neck of the womb). This examination takes only a few minutes but some women may experience some discomfort.

Based on this examination your doctor or midwife will recommend one of the following methods of induction:

- Membrane sweeping
- Prostaglandin gel
- Cervical ripening balloon catheter
- Artificially breaking the waters (ARM)
- Oxytocin



Induction can be one or a combination of these methods.

### **Risks/things you should be aware of**

- Induction for reasons other than prolonged pregnancy may increase the chance of you having a caesarean birth.
- Epidural anaesthesia and instrumentally assisted birth can be more likely.
- Women who are induced are more likely to experience above average blood loss after the birth.
- **In the event the birth suites are busy, your induction of labour may be delayed and the process of induction may take longer than one day.**

### **Membrane Sweeping**

This is commonly known as “stretch and sweep” and is a procedure your doctor or midwife might do in the clinic at your antenatal visit. It involves a vaginal examination with the doctor or midwife passing a finger through the cervix and rotating against the wall of the uterus to separate the membranes. This may be offered from 40 weeks gestation onward and may be repeated at subsequent visits.

### **Risks/things you should be aware of**

- This procedure may cause you some discomfort
- Some vaginal bleeding may occur
- Your membranes may inadvertently be ruptured (your waters may break)

### **Prostaglandin**

Prostaglandin is a naturally occurring hormone that prepares your body for labour. A synthetic version has been developed to mimic the effect of the hormone. This is inserted into your vagina in the form of a gel. When the prostaglandin is in place, you will be advised to lie down and rest for at least 60 minutes during which time you and your baby will be assessed with a CTG monitor. Once the prostaglandin has been inserted you will need to remain in hospital.

You should inform your midwife immediately if you experience any of the following:

- an unexpected painful contraction that will not go away
- regular painful contractions
- your membranes rupture (your waters break) spontaneously
- your baby seems to be moving less
- you have vaginal bleeding
- feeling unwell in any way

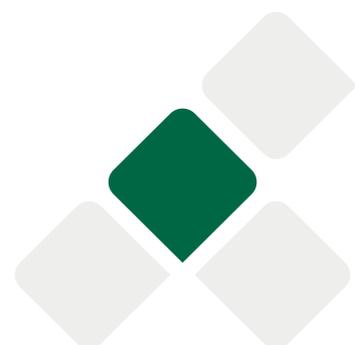
When the prostaglandin takes effect, your cervix will soften and open. If the gel is used, you may require more than one dose. When the cervix is soft and open, your body is prepared for labour. The next steps will vary from woman to woman – some might require an ARM to “break their waters”, whereas this might happen naturally for other women. Some women might require intravenous Syntocinon to stimulate the contractions. Sometimes the Prostaglandin has no effect and induction may need to be left for a few days and then tried again. The woman in this case is discharged to home.

### **Risks / things you should be aware of**

Prostaglandin sometimes causes vaginal soreness. However, there is no evidence to suggest that labour induced with prostaglandin is any more painful than labour that has started naturally.

A minority of women might experience some reactions to the prostaglandin – such as nausea, vomiting or diarrhoea, but this is rare.

Very occasionally prostaglandin can cause the uterus to contract too much which may affect the pattern of your baby’s heartbeat. If this happens you will be asked to lie on your left side. You may be given a medication to relax the uterus. If you have received prostaglandin via a tape this may be removed.



### Cervical ripening balloon catheter

Prostaglandin does not suit all women and there will be circumstances in which your doctor may recommend using a cervical ripening balloon catheter. This catheter is inserted into your cervix and the balloons inflated with saline, thus applying pressure to the cervix. The pressure should soften and open your cervix, thereby preparing your body for labour.

When the catheter is in place, you will need to stay in hospital but you will be able to move around normally. Fifteen hours after the catheter has been inserted or when the catheter falls out, you will be re-examined. During this time the midwives will periodically check you and listen to your baby's heart.

Please tell the midwife caring for you if:

- the catheter falls out
- you have regular painful contractions
- your membranes rupture (your waters break) spontaneously
- your baby seems to be moving less
- you have vaginal bleeding.

What happens next will vary from woman to woman—some might require an ARM (Artificial Rupture of Membranes) to “break their waters”, whereas this might happen naturally for other women. Some women might require intravenous Syntocinon to stimulate the contractions.

### Risks / things you should be aware of

The vaginal examination needed to perform this procedure may cause you some discomfort.

### Artificial Rupture of Membranes (“breaking your waters”)

If your waters have not broken, a procedure called an ‘Artificial Rupture of Membranes’ or ‘ARM’ may be recommended. This is when your midwife or doctor

makes a hole in your baby's membrane sac to release the fluid inside. This procedure is performed through your vagina using a small instrument. Sometimes releasing the waters is enough to ‘get things going’ and labour will commence. However, most women will also require the intravenous Syntocinon drug as well to start the contractions.

### Risks / things you should be aware of

- The vaginal examination needed to perform this procedure may cause you some discomfort.
- Although ARM is usually straightforward, it can increase the small risk of cord prolapse, bleeding and infection.

### Syntocinon

Oxytocin is the hormone that causes contractions. A synthetic version of oxytocin called Syntocinon is given to women when contractions don't start naturally. Syntocinon is given through an intravenous drip, into a vein in the arm. Once contractions begin, the rate of the drip is adjusted so that contractions occur regularly until your baby is born. This process can take several hours. Your baby's heart rate will be assessed throughout labour using a CTG monitor.

### Risks / things you should be aware of

Your ability to move around may be limited by the drip and the CTG monitor. Whilst it may be okay to stand up or sit down, it may not be possible to have a bath but you can move about your room as able.

Very occasionally oxytocin can cause the uterus to contract too frequently which may affect the pattern of your baby's heartbeat. If this happens you would be asked to lie on your left side and the drip will be slowed to lessen the contractions. Another drug may be given to counteract the oxytocin

**Please speak to your midwife or doctor if you have any concerns or require further information.**

Acknowledgements to:

The Royal Women's Hospital June 2011 Fact sheet “induction of Labour”.

Victorian Standards for Induction of Labour, Maternity and Newborn Clinical Network.2006

[www.health.vic.gov.au/clinical\\_networks/maternity.html](http://www.health.vic.gov.au/clinical_networks/maternity.html)