

## INDUCTION OF LABOUR

*This information sheet is designed to give general information about induction of labour. Your doctor or midwife can answer any other questions and provide more information if required.*

### ***What is induction of labour and why is it needed?***

Induction of labour (IOL) is the process of starting labour artificially.

Generally, labour will begin spontaneously between 37 and 42 weeks gestation in most pregnancies however, your doctor or midwife is likely to recommend induction of labour in the following situations:

- You have reached 41 weeks or beyond in an uncomplicated pregnancy
- Your waters have broken but labour has not started naturally
- You have high or rising blood pressure or diabetes
- You or your baby have a medical condition
- There are concerns about your baby not growing well or estimated to be very large

### ***Your planned induction of labour***

You can expect the doctor or midwife to talk to you about:

- Why an induction is being recommended to you
- The risks of inducing labour
- When the induction should happen
- The risks to you and your baby if you wait for labour to start naturally
- The method of induction most suitable for you
- What will happen if the induction doesn't work
- The benefits of having a membrane sweep

### ***What is membrane sweeping?***

This is not a method of induction but it can help stimulate the release of natural hormones (prostaglandins) and encourage labour to start naturally reducing the need for formal induction. During a vaginal examination, your doctor or midwife uses their finger to separate the membranes from your cervix (neck of womb). The procedure can be uncomfortable and you may have a small amount of vaginal bleeding and contractions afterwards. Sometimes more than one membrane sweep is recommended on different days.



### ***What if I don't want to be induced?***

The decision to be induced or not is always up to you. Talk to your doctor or midwife about any concerns you may have. It's important that you understand both the risks of waiting and the risks of induction.

## ***How is labour induced, how long does it take?***

The method that is right for you depends on your individual circumstances, the reason for your induction and how 'ready' your cervix is for labour.

There are different methods of induction and frequently, a combination of these methods is needed. Think of induction of labour as happening in 2 phases- phase 1 aims to soften and open (or dilate) your cervix and phase 2 aims to start or increase your contractions.

It can be hard to predict how long your baby will take to be born—just like it is hard to know when labour starts naturally. Phase 1 can take 12 hours or more. Sometimes more than one method is needed, making this part longer. Phase 2 can also take 12 hours or more.

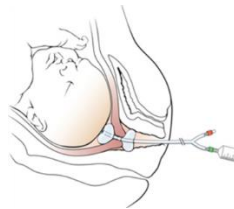
### ***Prostaglandin***

A pessary (small tampon) is inserted into your vagina. This slowly releases artificial prostaglandin over 12 hours (6 hours for the gel) causing your cervix to soften and open up (dilate). You will need to lie down for at least 30 minutes after insertion. During this time the midwife will continue to monitor you and your baby's heart rate.



### ***Balloon catheter***

A soft silicon catheter (tube) is passed into your vagina and through your cervix. Then a small balloon at the end of the catheter is filled with water. The balloon creates pressure on the cervix and helps to gradually open and thin the cervix. The balloon catheter is usually left in for about 12 hours. Sometimes the catheter will fall out by itself as your cervix opens.



### ***Breaking your waters (artificial rupture of membranes)***

During a vaginal examination, a small opening is made in the membranes around your baby. This allows the fluid around your baby to drain out and can sometimes be enough to get your contractions going. Walking around afterwards may help your contractions start. However, most women will also need an artificial oxytocin infusion to start their contractions.

### ***Oxytocin***

Natural oxytocin is a hormone that causes your uterus to contract. Artificial oxytocin in an intravenous (IV) drip is used to start or increase your contractions. Your baby's heart rate will need to be monitored with a CTG machine during your labour. Oxytocin is usually only started after your waters have broken.

### *Are there any other ways to induce labour?*

There isn't enough known about the safety and effectiveness of trying to start labour with herbal supplements, acupuncture/acupressure, homeopathy, castor oil, hot baths and enemas.

### *Things to be aware of*

- Vaginal examination to administer the pessary/gel/the balloon catheter may cause you some discomfort.
- Prostaglandin can sometimes causes vaginal soreness.
- A small number of women might experience some reactions to the prostaglandin (such as nausea, vomiting or diarrhoea) but this is rare.
- Occasionally, and especially when prostaglandin or oxytocin is used, induction of labour can cause contractions to start more quickly or strongly than expected. If contractions are too strong or prolonged, you and your baby will be observed closely. If the pattern of your baby's heartbeat is affected, you may need a drug to stop the contractions.
- The risk of your baby's umbilical cord coming out after breaking your waters is uncommon however, this is an emergency and you will need a caesarean section if this happens.
- Although any labour can end in the need for a caesarean section, studies show that induction of labour does not increase this risk.
- You will be encouraged to walk around and rest when you need to during the induction process. When walking, you must stay within the main hospital campus (see map attached).
- If the ward is unexpectedly busy or there is an emergency, there may be delays in starting the induction.

## Map: RPA Hospital Campus



### Contact phone numbers

**Antenatal Ward 5 East 1: 9515 6031 or 9515 8641**

**Delivery Ward: 9515 8444**

**Birth Centre: 9515 6405**

**RPA Hospital Switchboard: 9515 6111**

### **Notes**

