

Options for Induction of Labour

Pregnancy Patient Information Sheet



What is induction of labour?

In most pregnancies, labour starts naturally between 37 and 42 weeks.

Labour is said to be “induced” when doctors and midwives encourage the labour process to start artificially using a suitable method of induction for each individual woman.

When is induction of labour recommended?

Approximately one fifth 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 is distressed
- the pregnancy has continued longer than 40 weeks + 10 days (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
- 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. The information on the following pages may also help to inform your decision.



Risks/things you should be aware of

- Induction for reasons other than prolonged pregnancy or pre-labour rupture of membranes after 37 weeks, may increase the chance of you having a caesarean section or instrumental delivery.
- 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.

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. Your doctor or midwife will recommend the most suitable method of induction.

Summary of induction methods:

Assessment findings	Method of induction used
	*See following section for detail
Cervix is soft and open, and the waters have already broken	Oxytocin
Cervix is soft and open, but the waters have not broken	Artificial Rupture of Membranes (and oxytocin)
Cervix is not soft and open, and the waters have not broken	Prostaglandin (and ARM and oxytocin if needed)
Cervix is not soft and open, and the waters have not broken	Cervical ripening balloon catheter (and ARM and oxytocin if needed)



Further detail on induction methods:

1. Oxytocin

Oxytocin is the hormone that causes contractions. A synthetic version of oxytocin is given to women when contractions don't start naturally. Oxytocin is given through a drip, and enters 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 monitored throughout labour using a CTG (cardiotocograph) machine.

Risks/things you should be aware of

- Your ability to move around will 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 or move from room to room.
- 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 will 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.

2. 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 membrane sac to release the fluid inside. This procedure is done 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 oxytocin drug as well (described above) 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 risk of bleeding and infection and of the umbilical cord slipping through the cervix and into the birth canal before the baby does.

3. 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, usually in the form of a slow release pessary (vaginal tablet). When the prostaglandin is in place, you will be advised to lie down and rest for at least 30 minutes. During this time the midwives will continue to listen to your baby's heart, and check that you're not having a reaction to the drug. As the pessary will remain in place for approximately 12-14hrs you will be required to stay in hospital.



- When the prostaglandin takes effect, your cervix will soften and open. You will require only 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 oxytocin to stimulate the contractions.

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. If you experience any reaction to the drug you will be closely observed and the pessary may be removed.
- 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 and the prostaglandin pessary will be removed.

4. Cervical ripening balloon catheter

- The cervical ripening balloon catheter is used to soften and open the cervix for women who are unable to have a vaginal prostaglandin pessary.
- The catheter is a fine latex-free tube with 2 balloons at the tip. It is passed through the cervix and the balloons are inflated with fluid. This will apply some pressure to the cervix.
- Reasons to use this method may be for women with a previous caesarean section scar, a twin pregnancy, a very small baby or reduced fluid surrounding the baby.
- Slight discomfort may be experienced when the catheter is being passed and whilst the 2 balloons are inflated but it should not be painful.

