Induction of Labour

November 2024

What is an Induction of Labour (IOL)?

Induction of Labour (IOL) is the process of starting labour by using medicine or medical procedures rather than waiting for labour to start on its own.

Here is some general information about induction. Your Midwife or Doctor will work closely with you so that you can make the best choice for your pregnancy.

Considerations for an Induction of Labour

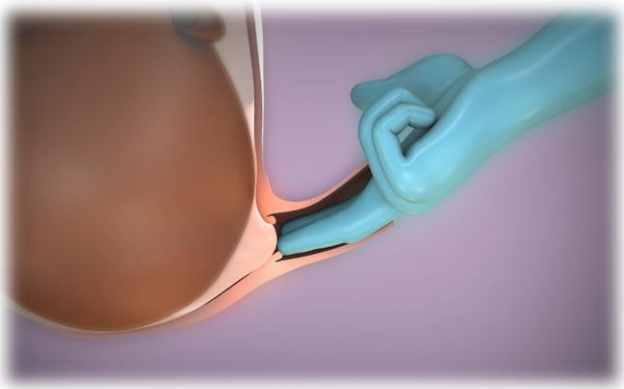
Your body does a wonderful job growing your baby, however, sometimes there may be some issues that mean it is better for your baby to be born before labour would start on its own. Some considerations for induction are:

- you have a medical condition e.g. high blood pressure and/or diabetes
- concerns for your baby's health e.g. slow growth and/or lower fluid levels
- your waters have broken but labour has not started
- your pregnancy has reached 41-42 weeks gestation
- you have significant social or emotional concerns impacting your pregnancy

Cervical Assessment

If you decide to go ahead with an induction, your Midwife or Doctor will offer a vaginal examination. A vaginal examination is where, with your consent, your Midwife or Doctor places two fingers into your vagina to check if your cervix (opening of the uterus) is ready for labour and starting to open. This will help to understand which type of induction may work best for you.

If your cervix is already open and the waters could easily be broken, we will talk about a possible date and time to attend the Birth Unit for your induction (see page 3: *Induction of Labour*).



Cervical Preparation

There are two different ways to prepare your cervix for labour. If your waters are unable to be broken, then you might need one or both types:

1. Balloon catheter
2. Prostaglandin pessary and/or gel

Before and after the cervical preparation is inserted, your Midwife will check your baby's heartbeat with a cardiotocograph (CTG) as it may cause some uterine tightenings or contractions over the coming hours. After this process is finished you will be encouraged to move around as usual. There is no need to remain in bed and you may empty your bladder as normal.

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Consumer Participation National Standards endorsed
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Balloon catheter: The balloon catheter is a physical way of opening your cervix. The balloon puts pressure on your cervix to promote the release of natural hormones to help the cervix to soften and open in preparation for labour and to be able to break your waters.

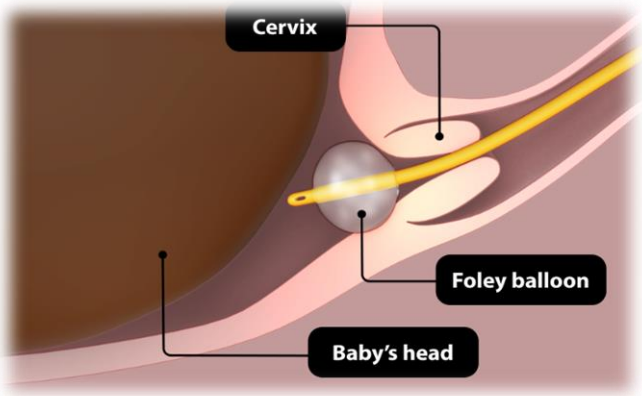
A speculum is put into your vagina and a soft, thin tube (catheter) is passed through your cervix. This process may be uncomfortable. A balloon at the end of the catheter is filled with water and when in place, the speculum is removed. The end of the catheter is taped to your thigh to create tension and help the balloon to slowly move downwards.

Most women will not go into labour with the catheter alone. Some women using this type of cervical preparation can go home overnight, your Midwife or Doctor will let you know if this is an option for you.

Potential side effects and/or risks related to the balloon catheter:

Most women do not experience serious side effects, however sometimes the following can happen:

- Bleeding
- Pain and/or discomfort
- Difficulty passing urine
- The balloon catheter may not work, and your Doctor or Midwife may talk about other types of cervical preparation e.g. artificial prostaglandins



Prostaglandin Pessary and/or Gel: Prostaglandins are hormones naturally produced by the body that prepare the cervix for labour. Synthetic (artificial) prostaglandins help to promote this process. This medicine comes in two forms and your Doctor or Midwife will recommend the type most suitable for you.

1. Prostaglandin pessary
2. Prostaglandin gel

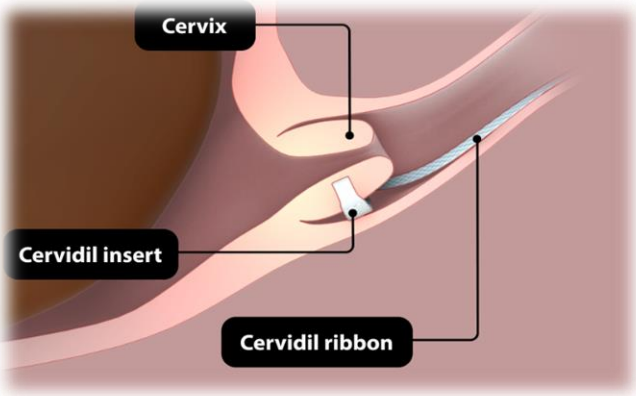
With your consent, your Midwife or Doctor will place the prostaglandin gel or pessary into your vagina and behind your cervix. After this, you will be asked to stay lying down for about 30-40 minutes while your body absorbs the prostaglandin.

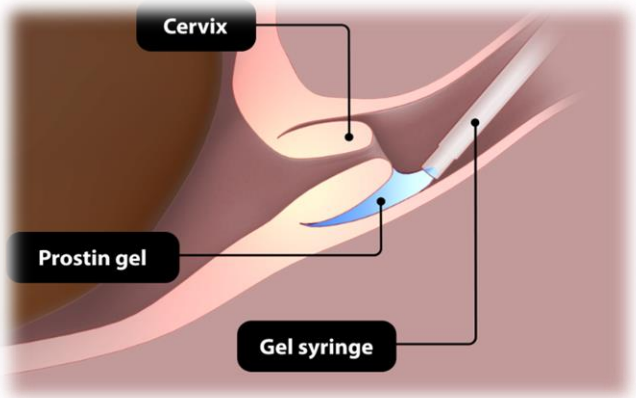
Sometimes women go into labour after the prostaglandin alone, but more often they will need induction of labour.

Potential side effects and/or risks related to Prostaglandin Gel or Pessary:

Most women do not experience serious side effects, however sometimes the following can happen:

- Vaginal tenderness
- Nausea, vomiting, or diarrhoea (although this is rare)
- Contractions coming too often (if this happens, you may be given an injection to relax the uterus and if a prostaglandin pessary has been used, then this may need to be removed).
- The prostaglandin may not work, and your Doctor or Midwife may talk about other types of cervical preparation e.g. a balloon catheter





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How long does cervical preparation take?

Cervical preparation can take between 18-24 hours to work:

- Prostaglandin pessary: is inserted once and releases the prostaglandin hormone over 18-24 hours. Your Midwife or Doctor will offer you a vaginal examination after 12 and 18 hours to check if your cervix has changed
- Prostaglandin gel: up to 3 doses of gel may be given every 6 hours depending on your body's response. Your Midwife or Doctor will offer you a vaginal examination before each dose to check if your cervix has changed
- Balloon catheter: is inserted once and provides physical pressure over 18 hours or until it falls out. A vaginal examination will only be offered when the balloon is removed, or if the balloon falls out earlier

What happens when the cervix is ready?

When the cervix is found to have opened and softened, you will be transferred to the Birth Unit to induce your labour (most likely the next morning).

Induction of Labour (IOL)

If you are coming from home, please call the Birth Unit at 6am.

If you are being cared for on the Antenatal Ward your Midwife will talk to the Birth Unit staff to arrange an appropriate time to be transferred.

Generally, you will attend Birth Unit first thing in the morning, but sometimes this may be delayed if the Birth Unit is very busy. Please know that you and your baby's safety are our priority.

Labour is induced by artificially breaking your waters and/or starting an artificial oxytocin hormone drip to encourage contractions.

Artificial Rupture of Membranes (ARM)

The first step to induce your labour is to artificially break your waters.

This is where, with your consent, the Midwife or Doctor will complete a vaginal examination and then using a small plastic hook to make a hole in the bag (sac) of waters in front of your baby's head.

Your Midwife or Doctor will not break your waters if they feel it is unsafe to do so. For example, if:

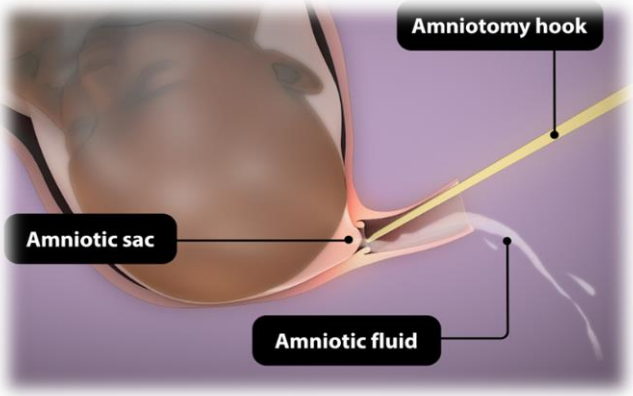
- Your baby's head is too high or not in your pelvis (not engaged)
- There is something other than your baby's head coming into the pelvis first e.g. baby's hand, foot, umbilical cord, or placenta
- Your baby's heart rate is not reassuring
- Your cervix is not open enough or not ready for labour

You may wish to talk with your Midwife or Doctor about the option of breaking your waters and waiting to see if contractions begin without artificial oxytocin.

Potential side effects and/or risks related to ARM:

Most women do not experience serious side effects, however sometimes the following can happen:

- Bleeding
- Pain and/or discomfort
- Infection
- Cord prolapse (when the umbilical cord comes down in front of your baby's head and through the cervix). This usually requires urgent birth by caesarean section



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Artificial Oxytocin Drip

Oxytocin is the hormone your body naturally produces that makes your uterus contract. One of the ways your labour is induced is by using an artificial form of this hormone to encourage contractions.

First a cannula (small plastic tube) is put into a vein in your hand/arm so that the synthetic oxytocin can run through an intravenous infusion (drip). Your Midwife or Doctor will always try to place the cannula in a spot that won't influence your ability to move or bend your hand/arm during labour.

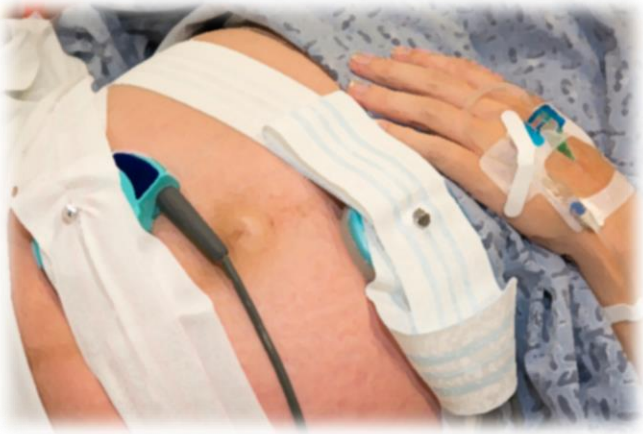
The drip is started at a low rate and then raised by your Midwife regularly until your contractions are strong and consistent.

Whilst you are on the synthetic oxytocin drip, we recommend monitoring your baby's heart rate and contractions on a CTG. Most CTG machines are wireless and waterproof allowing you to maintain your freedom of movement in labour.

Potential side effects and/or risks related to the artificial oxytocin drip:

Most women do not experience serious side effects, however sometimes the following can happen:

- Infection at the cannula site
- Contractions come too often not allowing enough time for you and/or your baby to rest and recover
- Postpartum Haemorrhage (PPH): a higher amount of bleeding after your baby is born



Points to Consider

When an induction is suggested for a medical reason, you and your Midwife and/or Doctor should talk about if the risks linked to the induction process outweigh the risks to the health of you and/or your baby if the induction does not take place. You can refer to our *Personalised Decision Making* factsheet to help you in this process.

Regardless of the reason for an induction of labour, the following may happen:

- The process may take a few days and more than one type may be used before you are in established labour
- Your induction involves having a drip in your arm and the CTG monitor strapped to your belly which may limit your movement. This may also limit the positions you are able to get into and techniques you use to cope with the contractions e.g. bath/shower/birth ball

  For this reason, you may find contractions from induced labour are more intense than spontaneous labour and this can lead to a higher use of *Epidural Pain Relief*.
- Sometimes the induction may not work, especially if you have never been in labour before or your cervix was not 'ready' at the beginning of the induction process. In this case, your Doctor and/or Midwife will talk to you about your choices.

Contacts

RHW Switchboard: 02 9382 6111

RHW Birth Unit Triage Midwife: 0439 869 035

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