Induction of Labour – Preparing your Cervix

July 2026

What is an Induction of Labour (IOL)?

Induction of labour is when we use medicine or medical tools to help start your labour instead of waiting for it 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 you.

Why would I have an Induction of Labour?

Your body does an amazing job growing your baby. However, sometimes it is better for your baby to be born before labour begins naturally. So, we might suggest inducing labour if:

- You have a health condition like high blood pressure or diabetes
- There are concerns about your baby's health, like slow growth or low fluid around the baby
- Your waters have broken but labour has not started
- Your pregnancy has reached 41-42 weeks
- You have serious social or emotional concerns affecting your pregnancy

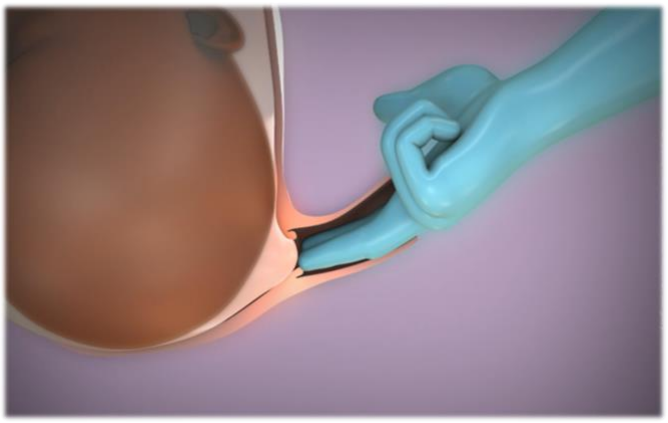
Checking your Cervix

If you choose to have an induction, your midwife or doctor will offer to check your cervix (the opening to your womb). With your permission they will gently place two fingers inside your vagina, this is called a vaginal examination.

They will see if your cervix is starting to open and getting ready for labour or not. This helps decide which type of induction is right for you.

If your cervix is already opening and your waters can easily be broken, a date and time to come to the Birth Unit for your induction will be booked.

If your cervix is not yet ready for labour, you will be booked to come into hospital before your induction day to prepare your cervix.



Preparing your Cervix

There are three ways to prepare your cervix for labour. If your waters cannot be broken, then you might need one or more types of preparation:

1. Balloon catheter (soft plastic tube)
2. Prostaglandin pessary, gel or pill
3. Combined prostaglandin pill and balloon catheter

Before and after the preparation is given, your midwife will check your baby's heartbeat using either a doppler or a monitor called a CTG. This is because the preparation might cause some tightenings or contractions in your uterus over the next few hours. It also means we can check if your baby is coping with the preparation.

After this is done, you can move around normally. You don't have to stay in bed, and you can use the bathroom as usual.

Balloon Catheter

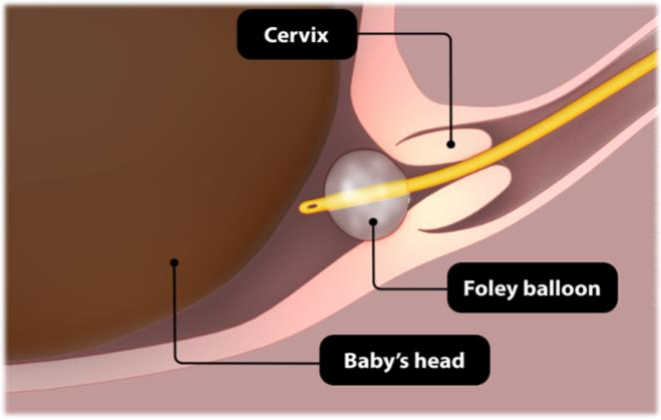
The balloon catheter is a physical way to open your cervix. The balloon puts pressure on your cervix, which helps your body to release natural hormones. These hormones soften and open your cervix to get it ready for labour and so your water can be broken.

What to expect:

- A speculum (medical tool) is placed in your vagina
- A soft, thin tube called a catheter is passed through your cervix. This may feel uncomfortable
- A small balloon at the end of the tube is filled with water
- Once the catheter is in place and the balloon is filled, the speculum is taken out
- The end of the catheter is taped to your thigh. This creates gentle pressure that helps the balloon to slowly move down
- The catheter needs to be checked every couple of hours (by a midwife in hospital or by you if you are at home) and re-taped to keep the pressure and help the catheter move down

Most women will not go into labour with just the catheter alone. It may take longer to get into the active phase of labour with this method than with hormonal methods.

Some women who have the catheter put in can go home overnight. Your midwife or doctor will tell you if this is possible for you.



Possible side effects and risks of the balloon catheter:

Most women do not have serious side effects, however sometimes these things can happen:

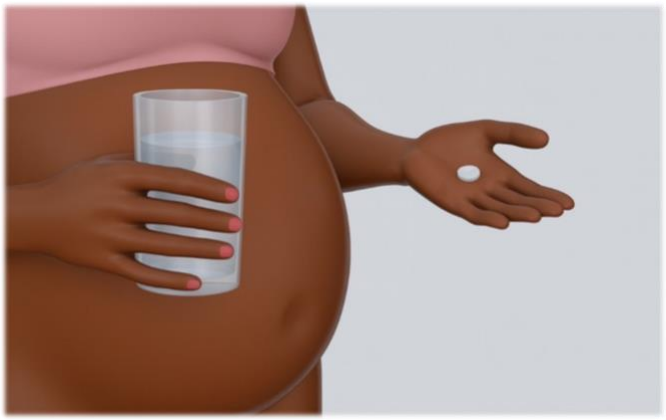
- Bleeding
- Pain or discomfort
- Trouble urinating (peeing)
- The balloon catheter may not work. If this happens, your doctor or midwife may talk to you about other options.

Prostaglandin Pessary/Gel or Pill

Prostaglandins are hormones your body naturally makes to prepare your cervix for labour. Synthetic (artificial) prostaglandins are used to help this process. This medicine comes in three forms, and your doctor or midwife will recommend the best one for you:

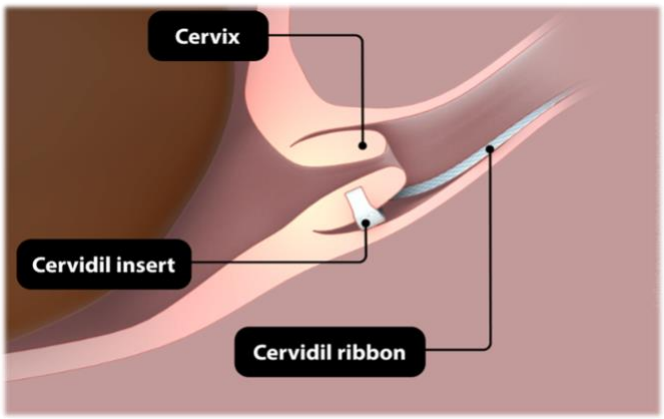
- Prostaglandin pessary
- Prostaglandin gel
- Prostaglandin pill

If you are using the prostaglandin pill: Your midwife or doctor will give you a pill to swallow with a full glass of water every 2 hours, for up to 8 doses.



If you are using the prostaglandin pessary or gel: Your midwife or doctor will place the pessary or gel inside your vagina, behind your cervix. After this, you will need to lie down for 30–40 minutes so your body can absorb it.

Sometimes this alone will start labour, but most of the time you will still need to go through the full induction process.



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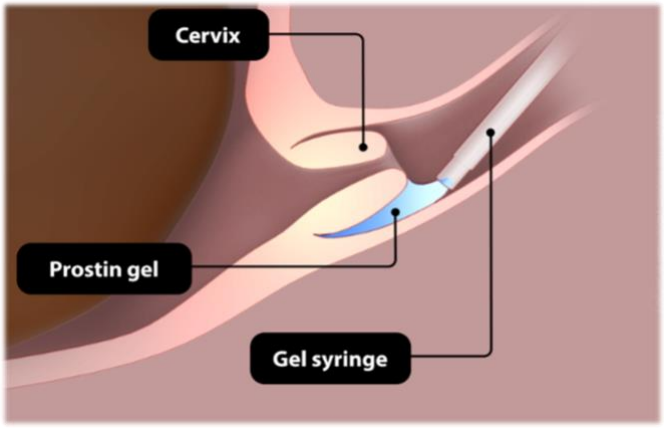

Possible side effects and risks of the Prostaglandin Pessary/Gel:

Most women do not have serious side effects, however sometimes these things can happen:

- Nausea, vomiting, or diarrhoea
- Changes in blood pressure, headache, or blurred vision
- Chills and fever
- Vaginal tenderness (only with the pessary/gel)
- Back pain
- Contractions coming too close together. If this happens, we will suggest an injection to relax your uterus. If you are using a pessary, it may need to be removed. Sometimes the contractions do not settle, and the baby becomes stressed, needing an emergency caesarean birth
- The prostaglandin may not work. If this happens, your doctor or midwife may talk to you about other options

Combined Prostaglandin Pill and Balloon Catheter

This method uses both the prostaglandin pill and the balloon catheter at the same time. They work in different ways to help prepare your body for labour. The balloon catheter puts gentle pressure on your cervix, while the prostaglandin pill helps to soften and open it.

Your doctor or midwife may suggest this combined method if:

- This is your first baby, and your cervix is not yet ready for labour
- Your cervix needs extra help to soften and open
- There is a medical reason to start labour sooner

How Long Does It Take?

Preparing your cervix for labour can take 18–24 hours, and sometimes longer if more than one method is needed.

- **Prostaglandin pill:** We will give you one pill every 2 hours up to a total of 8 pills in 24 hours. Your midwife or doctor will suggest checking your cervix if you are having regular contractions, or once you have taken all 8 pills
- **Prostaglandin pessary:** We will put the pessary in place once and it will slowly release the hormone over 18-24 hours. Your midwife or doctor will suggest checking your cervix after 12 and 18 hours to see if it has changed
- **Prostaglandin gel:** You may be given up to 3 doses of gel, with each dose given 6 hours apart. This depends on how your body responds. Your midwife or doctor will offer to check your cervix before each dose to see if it has changed
- **Balloon catheter**: We will put the balloon catheter in once. It gently presses on your cervix for up to 18 hours, or until it falls out on its own. Your midwife or doctor will check your cervix when the balloon falls out, or if it has not fallen out after 18–24 hours.

What Happens Next?

When your cervix has opened and softened enough to break your waters, you will be moved to the Birth Unit to continue your induction of labour (most likely the next morning). For more information on the next steps in the induction process, read our *Induction of Labour factsheet.*

Questions I would like to ask

It can be helpful to write down any questions you have before your appointment:

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