Induction of Labour

July 2026

Induction of Labour (IOL)

Inducing labour means your care provider helps start your labour instead of letting it start naturally. This is done in two ways:

- **Breaking your waters –** Your care provider breaks the water-filled sac around the baby to help labour begin
- **Using a hormone drip –** Your care provider gives you a medical version of oxytocin (a hormone your body makes naturally) through a drip. This helps your uterus start contracting

If you are coming from home, please call the Birth Unit at 6am to get the time you need to come in. If you are already on the Antenatal Ward, your Midwife will talk to the Birth Unit team and organise your transfer to the Birth Unit.

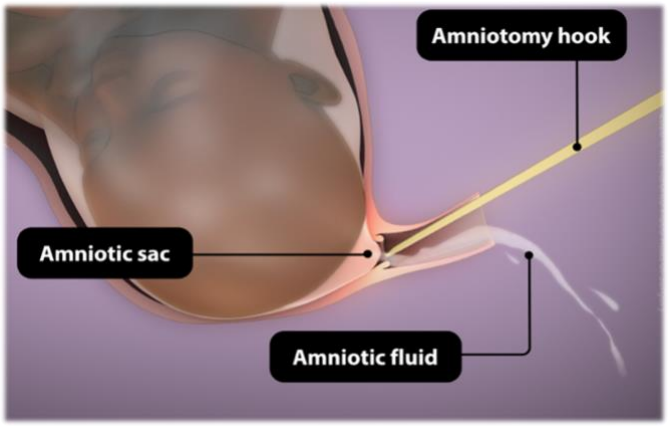
You will usually come to the Birth Unit early in the morning. Sometimes, there may be a delay if the Birth Unit is busy. Please know that keeping you and your baby safe is always our top priority.

Artificial Rupture of Membranes (ARM)

The first step to induce your labour is breaking your waters. With your consent, your care provider will do a vaginal exam. Then they will use a small plastic hook to make a hole in the bag of waters in front of your baby's head.

Your care provider will not break your waters if they feel it is not safe. For example, they may hold off if:

- Your baby's head is too high or not in your pelvis (not engaged)
- Something other than your baby's head is coming first (like a hand, foot, umbilical cord, or the placenta)
- There are concerns with your baby's heart rate
- Your cervix is not open enough or not ready for labour



If you are already having some tightenings, you may like to ask your care provider about breaking your waters and then waiting. This gives your body a chance to start contractions on its own before using the hormone drip.

Possible side effects and risks of breaking your waters:

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

- Bleeding
- Pain or discomfort
- Infection
- Cord prolapse - when the umbilical cord comes down in front of your baby's head and through the cervix. It usually means your baby needs to be born quickly by caesarean

Artificial Oxytocin Drip

Oxytocin is the hormone your body naturally makes to cause your uterus to contact. One way to induce labour is by giving you a medical version of this hormone to start contractions.

First, your care provider puts a cannula (a small plastic tube) into a vein in your hand or arm. This connects to a drip that gives you the oxytocin. Your care provider will try to put the cannula somewhere that still lets you move or bend your hand or arm during labour.

The drip is started slowly. Your care provider will turn it up regularly until your contractions are strong and regular.

While you're on the drip, we recommend monitoring your baby's heart rate and your contractions continuously. We do this using a CTG machine. Most CTG machines are wireless and waterproof, so you can still move around during labour.

Possible side effects and risks of the oxytocin drip:

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

- Infection where the cannula was put in
- Contractions coming too close together not giving you and your baby enough time to rest and recover
- Postpartum Haemorrhage (PPH): heavier bleeding than normal after your baby is born

Points to think about:

If induction is suggested for a medical reason, talk with your care provider about if the risks of induction are higher than the risks of waiting. Our *Personalised Decision Making* factsheet can help guide this conversation.

With any induction of labour these things can happen:

- **It may take a few days.** You might need more than one method before labour is fully started
- **You may have limited movement.** Induction involves having a drip in your arm and a CTG monitor strapped to your belly. This can limit your movement and which positions you can use in labour. Because of this, induced labour can feel more intense than labour that starts on its own, and may lead to a higher chance of using *Epidural Pain Relief*.
- **Induction does not always work.** This is more common if you have never been in labour before, or if your cervix was not ready when induction started. If this happens, your care provider will talk with you about your options

Important Contacts

RHW Switchboard: 02 9382 6111

RHW Birth Unit Triage Midwife: 0439 869 035

Questions I would like to ask

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

South Eastern Sydney Local Health District
Royal Hospital for Women. Barker Street, Randwick, NSW 2031. Telephone: 02 9382 6111

Images featured in this factsheet are sourced from the Toronto Video Atlas of Surgery. We acknowledge the valuable educational contributions of the authors and creators.