

Induction of Labour

Your Induction has been booked for:

Date:/...../.....

Time:.....am/pm

Present to:

Delivery Suite 3rd Floor Zone F
Monday to Friday or
Women's Assessment Service
on weekends

Contents

- 1) **What is induction of labour?**
- 2) **When is induction of labour recommended?**
- 3) **Making your choice**
- 4) **Who can come with me if it has been recommended that I stay overnight for medical reasons?**
- 5) **When and where to present**
- 6) **How is labour induced?**
 - I. Cervical Ripening 'Balloon Catheter'
 - II. Prostaglandin gel
 - III. Artificial Rupture of Membranes (ARM) ("breaking your waters")
 - IV. Oxytocin
- 7) **What to bring with you**

You have consented to come into hospital for induction of labour as explained by your doctor or midwife. The information given in this pamphlet is to help answer some of the questions you may have. If you have further questions, please discuss with your midwife or doctor.

1) What is induction of labour?

In the majority of pregnancies, labour begins naturally after 37 weeks, resulting in the birth of the baby. When labour commences, a number of changes take place in your body:

- The cervix (neck of the womb) softens and shortens and begins to open (dilates)
- The fluid-filled membrane sac surrounding your baby tears ("your waters break")
- The womb contracts to push your baby out

Labour is said to be "induced" when doctors and midwives encourage the labour process to start artificially.

2) 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 i.e. high blood pressure or diabetes
- The pregnancy has gone longer than 41 weeks
- The baby is showing some signs of problems
- The waters have already broken but labour has not started naturally

3) Making your choice

You have the right to be fully informed and to share in decision making about your 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
- Potential risks with having an induction of labour
- The procedures and care that is involved during an induction of labour

Each person's response to induction of labour is different. There is no way of knowing exactly how long it will take before your labour starts or when your baby will be born.

4) Who can come with me if it has been recommended that I stay overnight for medical reasons?

Your partner/support person is welcome to attend with you. It is important that you and your partner/support person get a good night's sleep. There are facilities for one person to stay overnight with you, please bring a sleeping bag or blanket and pillow for the fold out bed in case you wish to remain in hospital. It is also a good idea to bring some food and drink for your partner/support person.

5) When and where to present

Monday to Friday please attend Delivery Suite on the third floor of the Queen Victoria Building, on weekends please attend Women's Assessment Service on the date and time provided for your induction. Please eat as normal i.e. evening meal or breakfast (unless specifically asked not to eat or drink).

Refer to *Having your baby at the Women's and Children's Hospital* booklet for what to bring with you for you and your baby.

6) How is labour induced?

As there are different methods of induction, it will be necessary before starting for a doctor or midwife to assess your cervix (the neck of the womb). This vaginal examination takes a few minutes and you may experience some discomfort. The vaginal examination will be done in the outpatient clinic and based on the findings, the doctor or midwife will recommend the most suitable method of induction for you. At this time, the doctor or midwife may recommend "sweeping the membranes". This is a pre-induction technique with the potential benefit of avoiding formal induction of labour. Sweeping the membranes during the vaginal examination refers to the separation of the membrane sac from the lower womb.

Assessment finding	Method of induction used (Refer to headings below)
<ul style="list-style-type: none"> Cervix is not soft and open, and the waters have not broken. 	<ul style="list-style-type: none"> Cervical Ripening 'Balloon catheter' or Prostaglandin gel
<ul style="list-style-type: none"> Cervix is soft and open, but the waters have not broken. 	<ul style="list-style-type: none"> Breaking the waters (ARM) (and oxytocin hormone drip if needed).
<ul style="list-style-type: none"> Cervix is soft and open and the waters have already broken. 	<ul style="list-style-type: none"> Oxytocin hormone drip.

Risks / things you should be aware of:

- In the event the Delivery Suite is busy, your induction of labour may be delayed.**
- If booked for a vaginal balloon catheter, you will go home overnight with the catheter in place and return in the morning, unless advised to stay overnight for medical reasons.**
- Induction for reasons other than prolonged pregnancy may increase the chance of you having a caesarean section.**

- Women who are induced are more likely to experience above average blood loss after birth and interventions such as forceps and ventouse and use of epidural pain relief.**

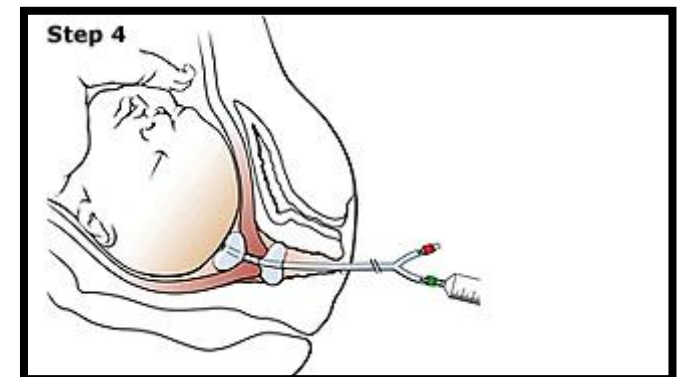
I. Cervical Ripening 'Balloon Catheter' How is cervical ripening performed with a balloon catheter?

The cervix can be dilated by mechanical methods such as a soft balloon catheter which is inserted just inside the opening of the neck of the womb (or cervix). The catheter is a soft rubber tube with two small balloons at the tip.

The use of this type of catheter for pre-induction cervical ripening has been shown to be efficient, relatively safe, and one review found that women reported less discomfort using the balloon catheter, than with prostaglandin method. Women will be offered this method of cervical priming, unless the doctor or midwife thinks this is not suitable for you.

For the catheter to be inserted you will come into hospital where a doctor or midwife needs to perform a vaginal examination to check whether or not your cervix has started to open. If 'cervical ripening' is needed, the catheter is fed into your vagina and the tip is placed inside the opening of the cervix into the womb.

Once the catheter is in place, water is slowly pushed in through the catheter, allowing the balloons to inflate. Several centimeters of the tube remain outside of the vagina and this may be taped against the inner thigh (see picture).



Fetal heart rate and contraction monitoring (CTG monitoring) takes place for you and your baby for approximately 40 minutes (20 minutes before and 20 minutes after the catheter is in place). If you have been advised to remain in hospital for medical reasons, this monitoring may need to be repeated overnight.

There will be some discomfort associated with the insertion of the catheter, similar to having a pap smear; however the entire procedure should not take longer than 5 minutes. Once the catheter is in place, some women may experience cramping discomfort while the cervix begins to open.

The inflated balloons slowly apply pressure against your cervix, causing your body to release hormones. These hormones and the slight mechanical pressure of the balloons cause your cervix to open.

The process is gradual and can take up to 12 hours. If eligible, you will go home overnight with the catheter in place, and return in the morning for the next part of your care. Once your cervix has opened enough, the balloon catheter may fall out. If it has not fallen out by the following morning, the balloons are deflated and the catheter is easily removed. A CTG will be repeated. The doctor or midwife will then rupture the membranes ('break your waters') if possible.

Risks / things you should be aware of:

- **Priming with a balloon catheter is the recommended procedure for women who have previously had a caesarean section and who may be suitable for induction. This method does not stimulate the uterus with drugs which can cause problems in women who have previously had a caesarean.**
- **For various reasons, very occasionally it is not possible to insert the balloon catheter through your cervix. If this happens, your doctor or midwife will have a discussion with you to establish a plan for the next steps of your induction.**

II. Prostaglandin gel

Prostaglandin is a naturally occurring hormone that prepares your body for labour. A synthetic version has been developed to copy the effect of the hormone. This is available as a gel which is inserted high into your vagina.

CTG monitoring of the mother and baby takes place for approximately 40 minutes (20 minutes before and 20 minutes after the prostaglandin is inserted) and you will remain in hospital overnight in the antenatal or labour ward to sleep.

8 – 12 hours later the CTG will be repeated. After this a doctor or midwife will do a vaginal examination and if possible will break your waters.

If your cervix has not dilated enough to do this you may be eligible to have a second dose of prostaglandin gels and be monitored with a CTG for a further 20 minutes. The doctor or midwife will try again to rupture your membranes around six hours after your second dose. If this is still not possible, the doctor or midwife will discuss further options with you.

Risks / things you should be aware of:

- **Prostaglandin gel sometimes causes vaginal soreness. However, there is no evidence to suggest that labour induced with prostaglandin gel is any more painful than labour that has started naturally.**
- **A minority of women might experience some reactions to the prostaglandin gel such as nausea, vomiting or diarrhoea.**
- **Very occasionally prostaglandin gel 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 any prostaglandin gel remaining in your vagina may be removed.**

III. Artificial Rupture of Membranes (ARM) (“breaking your waters”)

If the cervix is soft and open but the waters have not broken, it may be recommended to break the waters to help the labour process. This involves your doctor or midwife performing a vaginal examination and using a small instrument to make a hole in your membrane sac to release the fluid inside. Sometimes this will be enough to assist the labour to commence. However, within a few hours many women will also require the hormone drip (oxytocin hormone described below) to start contractions.

Risks / things you should be aware of:

- **The vaginal examination needed to perform this procedure may cause you some discomfort.**
- **Although breaking the waters is usually straightforward, it can increase the risk of bleeding and infection or cord prolapse (where the cord comes down before the baby’s head). In some cases this may require birth by caesarean section before labour has had time to begin.**

IV. Oxytocin

Oxytocin is a naturally occurring hormone that causes contractions. A synthetic version is given through an intravenous drip (IV drip) in your arm to stimulate contractions. The drip is started at a low dose and increased gradually until good regular contractions are occurring that are resulting in the cervix progressively opening.

This process can take several hours and once commenced your baby and contractions need to be monitored continuously via a CTG. Although attached to a drip and a CTG monitor, you can still walk around and have an active labour if you wish.

Risks / things you should be aware of:

- **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 would be asked to lie on your left side and the IV drip will be slowed to lessen the contractions. Another drug may be given to counteract the oxytocin.**

7) What to bring with you

For you:

- Your Pregnancy Hand Held Record
- Things you choose to use in labour (as discussed in antenatal classes)
- Casual clothes to wear during the day, if desired
- Night dress, dressing gown and slippers
- Maternity bra
- Comfortable underpants
- Toiletries, e.g. soap, shampoo, toothbrush and toothpaste
- Nipple pads/washable nursing pads
- 4 packets sanitary pads
- Your own pillow, if desired.

For your baby:

- Packet of disposable nappies
- Long sleeved jumpsuit x2 (it is advised to dress baby after initial skin to skin to help keep baby warm until they can stabilise their temperature)
- Baby care products, for example baby wipes and gentle lotions or creams (optional)
- Hat and mittens (optional)

Consumer Healthcare Rights

As a 'healthcare consumer' you have the right to be involved in decision making about your or your family members' medical treatment. You have the right to access information concerning you, and to be sure that information about you is only used for the purpose for which it is intended. You have the right to provide feedback, including complaints, and to be confident that your feedback will be used constructively.

www.sahealth.sa.gov.au/yourrightsandresponsibilities

Other Useful Resources

- SA Perinatal Practice Guidelines
www.health.sa.gov.au/ppg
- Health SA Pregnancy Website
www.health.sa.gov.au/pregnancy
- National Institute for Health and Clinical Excellence
www.nice.org.uk/nicemedia/pdf/CG70publicinfo.pdf

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For more information:

**Women's Outpatients
Women's and Children's Hospital
72 King William Road
North Adelaide SA 5006
Telephone: (08) 8161 7507
Fax: (08) 8161 7459
www.wch.sa.gov.au
Monday – Friday 9am – 5pm**



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