

Inducing labour

Inducing labour means getting your labour started before it begins on its own. There are different reasons why labour may need to be induced.

Your doctor or midwife may talk with you about inducing labour if:

- you are past your due date (your pregnancy has lasted longer than 41 weeks)
- your water has broken (membranes have ruptured), but labour has not started
- your baby needs to be delivered because there are changes in your health or your baby's health

You and your doctor or midwife will decide if your labour needs to be induced.

What will happen if my labour needs to be induced?

Your doctor or midwife will:

- talk with you about the reason(s) for inducing labour
 - confirm how many weeks of pregnancy you have completed
 - check your cervix (the opening of your uterus) to see if it is ready for labour
 - explain the method or methods that will be used to start your labour
 - explain the benefits and possible risks of induction
 - ask you to sign a consent form, giving your permission for the induction
 - give you an instruction sheet called "Checklist for induction of labour"
 - arrange the date for your induction at the hospital
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How is labour induced?

There are different ways to induce labour. Your doctor or midwife will decide which method is best for you and your baby. Sometimes it is necessary to use more than one method to get labour started.

The methods of inducing labour are:

- using prostaglandin gel
- stretching and sweeping the membranes
- using oxytocin
- rupturing the membranes
- using a catheter in your cervix

Deciding which method to use depends on:

- how far along you are in your pregnancy
- if you have delivered a baby before
- if you or your baby have a health problem
- if your cervix is ready for labour

Close to your due date, your cervix begins to soften to prepare for the birth of your baby. If your cervix is soft, it may be easier to induce your labour. If your cervix is not soft or “ripe”, your doctor may put a medicated gel (called PG gel) in your vagina. This gel contains prostaglandin, a hormone that helps the cervix soften and start to open (dilate).

Using prostaglandin gel (PG gel)

As well as helping to soften and dilate the cervix, PG gel may start some labour contractions. You will need to come to the hospital to have the PG gel inserted. Some women need more than 1 dose of PG gel. Your doctor will let you know if you need more than one dose.

Before the gel is inserted, your nurse or midwife will connect you to monitor to record your baby’s heartbeat and any contractions you are having. Then the doctor will use a small applicator to put the gel just behind your cervix.

After the gel is inserted, you may feel some cramps. In some women, the cramps continue to get stronger and may lead to labour. For others, the cramps slow down and stop. You may also have:

- a mucous discharge from your vagina
- a warm feeling in your vagina
- diarrhea, which is a side effect of the gel

If there are no concerns with you or your baby after about 1 hour, you may go home. Your nurse will talk to you about when you should return to the hospital.

Stretching the cervix and sweeping the membranes

Stretching the cervix and sweeping the membranes is sometimes done after 38 weeks of pregnancy. It can be done in your doctor's or midwife's office. In this procedure, your doctor or midwife gently lifts the membranes off the cervix. The procedure may be uncomfortable and you may notice a small amount of vaginal bleeding and irregular cramping afterwards. After the procedure, some women go into labour within 48 hours.

Inducing labour using oxytocin

This method of induction is done at the hospital. You will be connected to a monitor, which will record your baby's heartbeat and any contractions you are having. Your nurse will put an intravenous (IV) in your arm to give you a medication called oxytocin. Oxytocin is the hormone that is naturally made by the body to start labour. The amount of oxytocin is gradually increased, based on your body's and your baby's response. As the medication is increased labour contractions may begin. During induction, your nurse and doctor or midwife will closely observe you and your baby.

Oxytocin does not always help start contractions. If this happens, your doctor or midwife may try another method to start labour.

Rupturing the membranes

If your cervix is soft and starting to open, your doctor or midwife may decide to rupture your membranes. This is done at the hospital during a vaginal examination. The doctor or midwife uses a thin, sterile instrument to make a hole in the amniotic fluid sac, causing the fluid leak out. For most women, labour begins within 12 hours. Often oxytocin is also used, along with rupturing the membranes, to make the contractions regular and strong.

Using a catheter in your cervix

Labour can also be started by placing a catheter in your cervix. You will need to be admitted to the hospital to have this procedure done. Your doctor or midwife will put a thin tube called a catheter into the cervix. When the catheter is in place, a small balloon at the tip of the catheter is filled with sterile water. As the balloon fills it puts pressure on the cervix. This can help the cervix soften and dilate. The catheter will fall out when your cervix has opened about 3 cm.

What are the possible risks of being induced?

There are risks involved with every medical procedure, including induction of labour. Although there are risks, it is important to realize that:

- complications do not happen very often
- the members of the health care team have the knowledge, skills and equipment needed to safely perform these procedures and treat complications if they arise

It is possible that the chosen method of induction is not successful in starting contractions and keeping labour going. If this happens, your doctor or midwife will reassess the situation and decide if another method can be used or other plans need to be made for your baby's birth.

When your labour is induced there is a greater chance that your doctor or midwife will need to assist your baby's birth with forceps or a vacuum, or deliver your baby by cesarean section.

Although it is rare, oxytocin or PG gel can cause contractions to come too close together or last too long. When this happens, the baby's heart rate may drop. Usually the baby's heart rate returns to normal. However, the oxytocin may need to be decreased or stopped. If the baby's heart rate does not return to normal, an emergency cesarean section would need to be done. Too many contractions may cause your uterus to tear. If this occurs, an emergency cesarean section would be necessary.

When your membranes rupture, there is a slight risk that your baby's umbilical cord could come through the cervix into the vagina. If this happens, your baby's heart rate may drop and your baby would need to be delivered very quickly, usually by cesarean section.

If you had a cesarean birth before, your doctor or midwife will discuss the risks of induction with you.

**If you have any questions about induction of labour,
please ask your doctor, midwife or nurse.**