

# Induction of Labour

## Information for consumers

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### What is Induction of Labour (IOL)?

Some women do not go into labour naturally and some need to give birth before labour starts spontaneously. When labour does not start spontaneously, labour may be induced, this is when the doctors and midwives encourage the process of labour to start artificially.

### Why is IOL recommended?

The most common reasons are:

- The woman has specific health concerns (such as diabetes or high blood pressure)
- The baby is not well or is distressed (such as growth restriction or has abnormal blood flow through the cord)
- Prolonged pregnancy (beyond 41 weeks)
- The waters have already broken but the contractions of labour have not started naturally

Your doctor and/or midwife will discuss why an induction is recommended for you and your baby. They will explain why having an induction of labour may be necessary, rather than waiting for it to start on its own.

Some women choose to 'wait and see' whether natural labour will start. However, it is important that you are aware of the risks of both options, so that you can decide what is best for you. You will be offered increased monitoring if you decide to decline IOL. The information outlined in this pamphlet may also help to inform your decision.

### How is labour induced?

There are 4 different ways to induce your labour, most women need a combination of these methods to induce labour:

- Balloon catheter
- Prostaglandin
- Artificially breaking your water
- Oxytocin

### Induction methods:

#### 1. Cervical Ripening Balloon – Cooks Catheter

A flexible thin plastic tube with a balloon at the end is placed inside your cervix, the balloon is then inflated with water putting pressure on your cervix. This is to help



soften and open your cervix to prepare your body for labour.

The catheter is left in place for up to 24 hours or the catheter may fall out. Some women are given the option to go home with the catheter in place. This will be determined by your circumstance and the distance you live from the hospital.

### **What do you need to be aware of?**

- You can move about normally whilst the catheter is in place
- Your baby's heart rate will be monitored before and after the balloon is inserted
- The catheter can fall out
- You can experience some initial abdominal cramping that often subsides after some time, or your labour can start. Pain relief options are available.
- Your waters can break
- You may experience cervix pressure and may also have increased vaginal discharge and some light bleeding

## **2. Prostaglandin/Cervidil**

Prostaglandin is a drug which is administered by a gel or tape, that is inserted into your vagina, the prostaglandin is slowly released to soften and open your cervix.

When prostaglandin is inserted, you will be asked to lie down for at least 30 minutes, you will remain in hospital until your labour starts and your baby is born. During this time, you and your baby will be closely monitored.

### **What do you need to be aware of?**

- The tape can be pulled out accidentally so take care when moving around and toileting
- You may require more than one dose of prostaglandin to soften your cervix
- You can experience some initial abdominal cramping that often subsides after some time, or your labour can start. Pain relief options are available.
- Your waters can break
- You may have increased vaginal discharge with or without some bleeding due to the cervix being touched

## **3. Artificial Rupture of Membranes (ARM)**

When your cervix is soft and open enough, your doctor or midwife will perform a vaginal examination and use a small instrument with a hook on the end to break your waters. When your waters break, you will continue to have water leak until your baby is born.

### **What do you need to be aware of?**

- Oxytocin is used soon after the waters have been broken to help start labour contractions
- It is not common for labour to start just by breaking the waters

## 4. Oxytocin Infusion

This medication is a synthetic form of your natural oxytocin that starts labour. A cannula is placed in a vein in your arm and attached to a drip with the oxytocin, running through a pump that controls the amount you are given. This will start at a slow rate and increased by the midwife until you are in labour.

### What do you need to be aware of?

- You and your baby will be closely monitored while the oxytocin is running
- A midwife will remain with you during your labour
- You will be connected to the infusion until the birth of your baby
- This process is different for every woman and the start of labour may happen quickly or may take hours

### Remember...

Inductions are very different for everyone, and the progress cannot be predicted. The doctors and midwives will keep you informed throughout the whole process, and you are encouraged to be part of the decision making.

**It can be different to predict how things will progress as inductions can work differently in different people.**

**Your induction of labour may be delayed for one day or it could be for several days. We appreciate this may be inconvenient and distressing for you and your family, but please be aware we are only able to proceed with your induction of labour when it is safe for you and your baby.**

**We would appreciate if this situation occurred, everyone is treated respectfully and know we are doing our best to commence your IOL.**

### Contact Ballarat Maternity:

To speak to a midwife about your induction of labour

Birth Liaison Midwife: **0455 124 622** (business hours 8am – 3pm)

Out of hours contact - Labour Ward: **5320 4980**

### Contact Horsham Maternity:

To speak to a midwife about your induction of labour

Maternity clinic: **5381 9010**

Out of hours contact - Yandilla: **5381 9261**