

# INDUCTION OF LABOUR

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This information sheet provides some general information about induction of labour and answers some commonly asked questions.

## ***What is an induction of labour?***

An induction of labour is the process of starting a labour instead of waiting for it to happen on its own. It involves the use of medical treatment to start and continue the labour until the baby is born.

## ***Reasons for an induction of labour?***

Some pregnancies may develop some risks to the health of the mother or baby. Your midwife or doctor might discuss with you the option of having your baby sooner instead of waiting for labour to happen on its own. There are many reasons an induction of labour may be discussed with you. Some of the more common reasons include:

- A baby not coming a long time after its due date
- The waters have broken but the labour does not start on its own
- Medical conditions such as diabetes or high blood pressure
- Concerns for the baby (not growing well, or concerns about movements or low fluid)
- Other health concerns for the mother or baby

The decision for an induction of labour is up to you. Your midwife or doctor can explain any reasons for recommending an induction of labour and what this would mean for you and your baby. It is important that you know why an induction of labour has been suggested and that you understand what it involves so that you can decide if it is right for you and your baby.

## ***What is involved in an induction of labour?***

If you choose to proceed with an induction of labour, we ask you to sign a consent form after discussing the risks and benefits to you and your pregnancy. We encourage

you to ask questions so that you and your family understand the process.

The doctor or midwife looking after you will then gain your permission to do an internal exam to see how ready the cervix (neck of the womb) is for starting a labour.

Your caring team will let you know what parts of the induction of labour process below will be suggested after your cervix (neck of womb) has been checked.

### **Cervical ripening**

If the cervix is not yet open enough to break the waters your doctor may suggest either a small balloon or some medicine in the vagina the day before your induction of labour to gently open and prepare the cervix for the waters to be broken. This is not always needed but is more likely to be required if this is your first baby.

### **Balloon catheter**

This is the most common method of cervical ripening used in Westmead Hospital. A small tube is passed through the cervix (neck of the womb) from the vagina. A small amount of water is then used to gently blow the balloon up. This usually stays in overnight to provide some very gentle pressure to the neck of the womb overnight. Sometimes the balloon may fall out before it is removed in the morning. This is usually because the cervix is open enough to have the waters broken but does need to be checked by the team looking after you to make sure it does not need to be put back in. There is a small risk of the waters breaking during insertion of the balloon, if this happens the midwife or doctor will discuss the next steps. Occasionally bleeding or spotting may occur after the balloon has been put in, this will be discussed with you at the time of insertion.

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We always monitor the baby with a heart rate trace after the balloon has been put in for a short period of time.

Most women may be able to go home overnight with the balloon in the cervix. This will depend on the reasons for the induction of labour and the team looking after you can discuss this with you. After the balloon is in you can eat, drink, toilet, and shower as you usually would. You would need to call the Birth Unit if you experienced any pain, bleeding, broken waters, abnormal discharge or feel unwell.

### Hormone ripening

Your midwife or doctor may recommend a hormone treatment in the vagina to help soften and open the cervix before the waters can be broken.

This hormone is called Prostin Gel and is a synthetic (manmade) version of the prostaglandin that your body naturally produces to prepare the body for labour. Sometimes this hormone can cause some cramping and, in some cases, can cause labour to occur. If this is your first baby, you are more likely to need this medicine given more than once so a doctor or midwife might need to assess your cervix after 6 hours to see if you might need another dose of this medicine. Sometimes 3 doses of this medicine may be needed to open the cervix enough to be able to be able to break the waters. If this medication is used, you will need to remain in hospital.

One of the side effects of hormone ripening is that it may cause the uterus to contract too much. This can sometimes cause stress to you and your baby. If this occurs, you may be given medicine to relax the uterus.

If the process to ripen the cervix does not work, which means your cervix has not opened enough for the membranes to be ruptured, your doctor will talk to you about your options. These may include, returning home until a later date, using a different method of induction, or you may require a caesarean section.

### Cervical Ripening Diagrams

Fig.1 Balloon catheter ripening

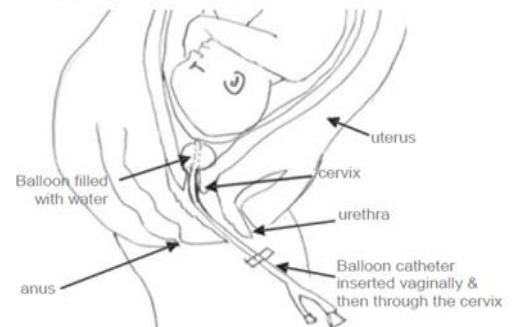
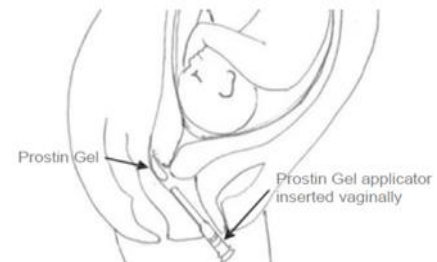


Fig.2 Prostin Gel ripening



### Artificial Rupture of Membranes (ARM)

This means the breaking the waterbag surrounding the baby. This is done with a small plastic hook to place a small hole in the waters. It can only be done if the cervix (neck of womb) is slightly open. The water will continue to leak until the baby is born.

### Oxytocin Drip

Oxytocin is a hormone that the body naturally produces to make the womb contract. For an induction of labour, a synthetic (manmade) version is used and given through a drip in your vein. It is started at a very low dose and slowly increased until the womb is contracting enough to help the cervix open. The drip will continue throughout labour. A midwife will be with you for your whole labour as they will need to monitor your contractions and monitor your baby's heartbeat to see how your baby is coping with contractions.

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### **Possible Risks:**

The risks with an induction of labour are low and often outweighed by the risks to the health of the mother or the baby by not bringing on the labour. An alternative is to wait for labour to occur on its own which may have its own risks.

Some possible risks include:

- Breaking the waters and a small increased chance of infection
- Breaking the waters and the cord coming down called a cord prolapse. If this happens a caesarean section is needed. This is rare.
- The hormone drip may cause contractions to come too often. This may cause the baby to have some stress. A midwife will be with you throughout the labour to look for this happening. Often turning down the drip can fix this.
- Sometimes the induction may not work. For example, the cervix may not open enough for the waters to be broken or active labour may not start. If this happens your caring team may discuss with you the option of a caesarean.
- There may be other risks that may be unique to your pregnancy or baby that will be discussed with you.

There are several studies that suggest an induction of labour when performed appropriately does not increase the chance of needing procedures such as a caesarean section. These procedures are often related to the reason you might need an induction, for example, blood pressure. Please ask if we can provide more information relevant to your pregnancy if this interests you.

### **The Details of My Induction of Labour:**

**Date:**

**Time:**

**Location:**

**Do I need ripening:**  Yes /  No

### **Contacts:**

#### **Day Assessment Unit**

(02) 8890 6150 or

(02) 8890 8501

#### **Birth Unit**

(02) 8890 6663 or

(02) 8890 7395

### **References:**

RANZCOG Patient "Induction of Labour"  
Brochure <https://ranzcof.edu.au/wp-content/uploads/2022/06/Induction-labour-pamphlet.pdf>

**We welcome further feedback on this brochure as a way on continually improving our service.**

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