

### What should I do at home after cervical ripening?

- You can do all your usual activities including eating, drinking and showering.
- Make sure your family and friends know you may need to come into the BU overnight.
- Stay close to a telephone.

### When do I come back to the hospital?

- Whether you are coming back at the planned time or coming in early:
  - Always phone BU before coming in
  - Always tell the midwife if you have had Cervical Ripening
- Most women with a Foley catheter will **sleep** all night without labouring or having any problems, and come into BU as planned at 5:30 am after phoning at 5am.
- Some women will **go into labour** – if that happens, phone BU to speak to staff and prepare to come in.
- If the **Foley catheter falls out** without labour, phone BU to discuss what to do next. If staff are available, you may be asked to come in early. Otherwise, you will be asked to come at 5:30 am as planned.
- Ring also if you have:
  - any abdominal pain
  - broken waters
  - vaginal bleeding, more than a few spots
  - green vaginal discharge
  - any other concerns or feeling unwell in any way
- As with general pregnancy advice, **if your baby's movements are less than usual**, ring immediately and **DO NOT WAIT** until morning.

### Safety

Foley balloon catheters and Prostin Gel have been used for cervical ripening for decades all around the world and are considered safe for you and your baby. If you have any concerns, please discuss these with your doctor or midwife.

#### Staff to Complete for Patient:

Is cervical ripening needed? Yes / No  
If cervical ripening is needed, it will occur on

(Day/date)\_\_\_\_\_ at (time)\_\_\_\_\_ in the **Day Assessment Unit (DAU)** part of the Women's Health Clinic.  
Phone (02) **8890 6150** or (02) **8890 8501**.

- ✓ Eat and drink as normal
- ✓ **PLEASE DON'T BE LATE**

#### Staff to Complete for Patient:

Whether or not cervical ripening is needed, your induction (ARM/oxytocin) will take place in the **Birth Unit (BU)** on:

(Day/date)\_\_\_\_\_ at **5:30am**.

At **5:00 am**, you must ring BU on (02) **8890 6663** or **8890 7395** to check they are ready for you to come in.

Occasionally, BU is very busy and you will be asked to ring back but usually we will ask you to arrive by 5:30 am because it's best to start inductions early.

**SO PLEASE DON'T BE LATE.**

A free and confidential interpreter service is available 24 hours, 7 days a week. If required, please ask staff to arrange an interpreter for you. AUSLAN is also available.

Carers provide unpaid assistance to others. They may be family members, friends or neighbours. Please notify staff if you have a carer.

All health facilities and grounds are 100% smoke free.

Parking is available on the hospital campus for a fee.

**Free Health Information Line: Health Direct Australia**

1800 882 436

[www.healthdirect.org.au/pbb](http://www.healthdirect.org.au/pbb)

**Westmead is a teaching hospital.**

We are training the next generation of midwives and doctors. You may be asked to allow our students to participate in your care.

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## Induction of Labour

### Westmead Hospital Women's and Newborn Health



### Information for women undergoing Induction of Labour

#### CONTACTS:

Day Assessment Unit (02) 8890 6150 or 8890 8501  
Birth Unit (02) 8890 6663 or (02) 8890 7395

## What is induction of labour?

Labour usually starts naturally between 37 and 42 weeks of pregnancy when regular strong contractions in your uterus (womb) open the cervix (neck of the womb) so that the baby can pass down the vagina and be born.

Sometimes it is necessary to bring labour on earlier. **This is called induction of labour.**

## Reasons for induction of labour

Induction is recommended if it seems safer for the baby to be born rather than stay inside the uterus.

Common reasons for induction include

- going well past your due date
- your waters break but labour does not start
- you have diabetes or high blood pressure
- you have other health problems
- the baby is possibly too small or very large
- there are other health concerns about the baby.

Sometimes, induction may be discussed when there are no particular problems, but there is something about your health (such as being older or overweight) or your history, to suggest that induction may be a reasonable option.

## The benefits and risks of induction of labour

Induction provides benefit if the baby's or mother's health is thought to be at some risk from continuing the pregnancy.

An induction may have some minor negative effects as well.

An induced labour generally takes longer than a natural one because some of the silent changes that occur before natural labour - such as the cervix getting shorter and softer - may not have happened yet. If this is your first baby, the time from the start of the induction to the birth of your baby can be as long as 18 – 24 hours, although it is usually less.

Partly because labour is often longer, an induction may cause a small increase in the chance of heavy bleeding after birth.

An induction may also be more painful than natural labour and you are more likely to ask for an epidural.

On the other hand, studies show that induction does not increase your chance of having a caesarean section compared to waiting for labour to happen naturally.

You will be asked to sign a consent for an induction.

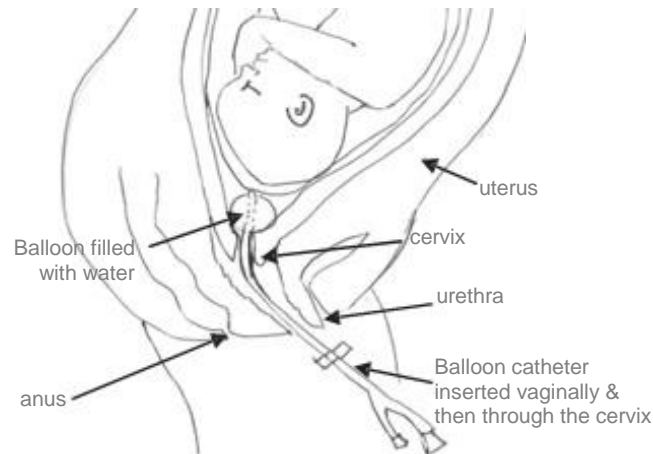
## What is involved in induction of labour?

Induction of labour takes place in the birth unit (BU) and involves a medication (oxytocin) combined with breaking of the waters in front of the baby's head (artificial rupture of membranes or ARM).

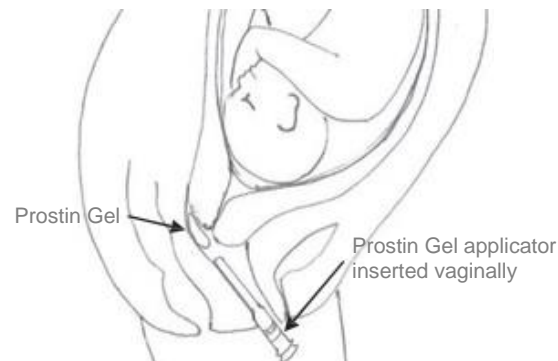
If your cervix is very 'favourable' and ready for birth, ARM & oxytocin are all that is needed to get labour started. In many cases however, the cervix is 'less favourable' and treatment is required the day before the induction to soften and open the cervix. **This is called Cervical Ripening.** It increases the success of induction and reduces the length of labour.

## Cervical Ripening Diagrams

*Fig.1 Balloon catheter ripening*



*Fig.2 Prostin Gel ripening*



## Cervical Ripening

We usually place a small soft Foley catheter balloon into your cervix (Fig.1). This causes the release of a natural hormone called prostaglandin which ripens the cervix. Another option is to place a synthetic (man-made) prostaglandin called Prostin Gel in your vagina (Fig.2). Your pregnancy team will decide which method of cervical ripening is best for you and your baby.

## Going home after cervical ripening

Following cervical ripening, if you have come from home, you will generally go back home. You should then phone the BU the next morning **at 5am** to arrange to come in for your induction at 5:30am. Occasionally you will need to phone and come in earlier (see over the page).

You can go home as long as:

- your baby's heart tracing on the cardiotocograph (CTG) is normal;
- you are not having more than two uterine tightenings every 10 minutes on the CTG – otherwise you will need to stay for further monitoring;
- you do not have any abdominal pain (note that the Foley catheter may cause mild period-like pain which usually settles within an hour);
- your waters are not broken - there is a small chance that your waters may break as the balloon catheter is placed in the cervix; if that happens the balloon can still be used, but you will need to remain in hospital;
- you are not bleeding heavily (a few spots of blood after an internal examination is normal);
- your baby does not appear to have too much water around it;
- your baby does not appear to have reduced water around it or have abnormal placental blood flow on pregnancy ultrasound.

Women with **twins**, a **breech** baby, previous **caesarean** section or previous **rapid labour** can usually go home with a Foley catheter, but need to stay in hospital after Prostin Gel.

Women on **insulin** for diabetes can usually go home after either type of cervical ripening.

Please note: women with **specific health conditions** will be given individual instructions.