

In most pregnancies, labour starts naturally between 37 and 42 weeks. This is called 'spontaneous labour'. When labour starts, a number of changes take place in your body:

- Your cervix (neck of the womb) softens and shortens
- You might lose your 'mucus plug' or have a 'show'
- The bag of membranes ('waters') around your baby may break
- You experience strong, regular contractions which open your cervix and lead to the birth of your baby.

Some women do not go in to labour naturally and some need to give birth before labour starts spontaneously. When labour is not spontaneous and is started by other methods it is called 'induction of labour'.

Why is induction recommended for me?

Approximately one-quarter of women have an induction of labour. The most common reasons for recommending induction are:

- Your pregnancy has gone longer than 41 weeks – induction of labour might be planned after 41 weeks so that you give birth by 42 weeks
- You have a health concern, such as high blood pressure
- Your doctor or midwife is concerned about your baby's growth, movements or wellbeing
- Your waters have broken and labour has not started on its own.

Induction of labour is recommended when you or your baby will benefit from birth being brought on sooner, rather than waiting for labour to start on its own.

What type of induction am I likely to have?

The type of induction you have will depend on whether your cervix is soft ('ripe') or firm ('unripe'). Your doctor can check this by doing a vaginal examination to feel your cervix with two fingers. This is only done with your permission and your doctor will use sterile gloves and lubricant.

Your doctor or midwife may also offer a 'stretch and sweep', passing a finger through the cervix and rotating the finger around. This can release hormones which may encourage labour to start. A stretch and sweep can cause discomfort and some vaginal bleeding. Sometimes doing a stretch and sweep can cause your waters to break.



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If your cervix is soft it has been thinned and softened by the hormones in your body and is ready to be opened by contractions. Your doctor or midwife will break your waters (membranes) and/or give you an oxytocin infusion.

If your cervix is firm, long and closed it will need to be softened. A hormone-based gel or inserting a balloon catheter can be used to soften and open an 'unripe' cervix.

Methods of induction if cervix is unripe

Balloon catheter (Foley catheter)

The catheter is a thin tube placed inside your cervix, with a small balloon that is inflated with fluid. The balloon puts pressure on your cervix and should soften and open your cervix and prepare your body for labour. When the catheter is in place, you will need to stay in hospital but you are able to move around normally. You will be examined 12 to 24 hours after the catheter has been inserted or if the catheter falls out. Your baby's heart rate will be monitored with a CTG machine before and after the catheter is inserted.

A plan will be made for the next stage of your induction. This plan varies from woman to woman. Some women's water will break and their contractions will start after a balloon catheter is inserted. Some women will need to have their water broken (artificial rupture of membranes) and/or have an oxytocic infusion to stimulate contractions.

Prostaglandin

Prostaglandin is a naturally occurring hormone that prepares your body for labour. Synthetic versions of prostaglandins have been developed to induce labour. They come in the form of a pessary that can be inserted into your vagina to slowly release the hormone to soften and open your cervix.

You will be asked to stay lying down for at least 30 minutes after insertion and you will remain in hospital from this time. Your baby's heart rate will be monitored with a CTG machine before and after prostaglandin is inserted.

What happens next varies from woman to woman. Some women's water will break and their contractions will start after the insertion of the pessary prostaglandin. Some women will need an artificial rupture of membranes to break their waters and/or an oxytocic infusion to start contractions.

Methods of induction if cervix is ripe

Artificial rupture of membranes

If your cervix is already 'ripe', it may be possible for your doctor or midwife to perform an artificial rupture of membranes, which breaks your waters. To do this, they use a small instrument to make a hole in the bag of membranes around your baby, releasing the fluid inside. Sometimes this is enough to get your contractions going. However, most women will also need an oxytocic infusion ('the drip') to start their contractions.



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Oxytocin infusion (Syntocinon®)

Oxytocin is the hormone in your body that causes contractions. Syntocinon® is the synthetic version of oxytocin that is given to women to stimulate contractions. Syntocinon® is given through a drip and goes into a vein in your arm via a cannula. Once your contractions begin, the speed of the drip is adjusted until your contractions are strong and regular. Your baby's heart rate will be monitored with a CTG machine throughout all of your labour.

What risks are involved with induction of labour?

The induction may not work

Sometimes attempts to 'ripen' your cervix do not work. If this happens, your doctor or midwife will discuss your options. They may try again to 'ripen' your cervix or you may be offered a caesarean section.

Sometimes your cervix may 'ripen' and you may experience contractions, but these contractions do not open your cervix any further. If this happens you may need a caesarean section.

Over-working your uterus

Very occasionally, prostaglandins or oxytocic infusion can make your uterus contract too frequently. This can affect your baby's heart rate. If this happens, your doctor or midwife will ask you to lie on your left side and they will remove the prostaglandin (if you have a pessary insert) or slow or stop the oxytocic infusion. They may give you another drug to counteract the effect of the prostaglandin or oxytocin.

Common questions

Could my baby get hurt by the instrument the midwife or doctor uses to break my waters?

No. The plastic hook used for breaking the membranes has a rounded edge and one tiny sharp piece. Your midwife or doctor tucks the sharp piece between their two fingers to make sure it is only used to scratch your membranes, not your baby or your vagina.

Can the prostaglandin or oxytocin hormones cross over to my baby and harm them?

The prostaglandin and oxytocin work on the muscles of your uterus. The only way they can harm your baby is if they cause your uterus to work too hard, causing stress to baby. If your uterus is contracting too often, your midwife or doctor will ask you to lie on your left side and they will remove the prostaglandin (if you have a pessary insert) or slow or stop the oxytocin infusion. They may give another drug to counteract the effect of the prostaglandin or oxytocin.

If I have an induction will I have to lie down in bed all the time?

No. Your midwife or doctor will want to monitor your baby's heart rate continuously, however this can be done using wireless monitoring so you can move around and be active during your labour.



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Making a choice

All women have the right to be fully informed and to share in making decisions about their care. When your doctor or midwife recommends induction of labour, they will explain:

- Why induction is being recommended for you
- The procedures and care that will be involved in induction
- The potential risks and benefits of induction of labour for you
- The potential risks and benefits of continuing with your pregnancy
- The plan for your care if you decide not to have induction

Some women will prefer to 'wait and see' whether labour will start on its own. However, it is important to be aware of all the risks and benefits of both options before deciding what is best for you.

Questions

It can be normal to have lots of questions and to feel anxious about what is happening. You should feel free to talk through any questions or concerns with your doctor or midwife.

To contact the EGHS Midwifery Department call 5352 9321.



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EGHS would like to thank our consumers for reviewing this information.



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