



Your important take home information

Induction of Labour

This information is to help you and your family make a choice about induction of labour and to answer some questions you may have. It is important that you are fully informed and can share in the decision making process if induction of labour has been recommended. If you agree to an induction of labour, you will be asked to sign a consent form.

Induction of labour means starting labour artificially before its natural onset. An induction of labour is usually recommended when the risks of continuing the pregnancy are greater than the risks of having your baby. An induction of labour may also be recommended when it will benefit your health or your baby's health.

Common reasons for induction of labour include:

- the woman has specific health concerns such as high blood pressure or diabetes
- the baby is unwell, distressed or not growing well
- the pregnancy has continued longer than 41 weeks
- the placenta is no longer working effectively
- the bag of water around the baby has broken, but labour has not started naturally

How is labour induced?

Before an induction, your doctor or midwife will need to perform a vaginal examination to assess your cervix (neck of the womb) and decide the best method of induction for you. One method or a combination of methods may be used depending on your individual situation. Your doctor or midwife will recommend the methods most suited to your situation and tick the relevant boxes below.

Prostaglandin Prostin Cervidil

Prostaglandin is a naturally occurring hormone that prepares your body for labour. A manmade form of this hormone can be inserted into the vagina which slowly releases the hormone over a number of hours. This will help to soften and open your cervix. When prostaglandin has been inserted you will need to lie down for 1 hour. Following insertion of the hormone, you may feel uncomfortable crampy pains. Your midwife will be able to assess these pains and offer you pain relief if needed. The hormone is available in the form of a gel (Prostin) or pessary (Cervidil).

Prostin – Most women being induced with their first baby will need more than one dose of the hormone when given in gel form. Your doctor or midwife will perform a vaginal examination 6 hours after the first dose to decide whether a second dose of gel is needed.

Cervidil – Your doctor or midwife will perform a vaginal examination 12-14 hours after the pessary was inserted to remove it and reassess your cervix.

Balloon catheter

Prostaglandin is not the best option for all women and sometimes a balloon catheter may be recommended. A speculum examination (similar to a pap smear) is performed to insert a tube into the cervix. Once in place, a small balloon in the tube is filled with fluid so it applies gentle pressure to the cervix. This pressure helps to soften and open your cervix. The balloon catheter may fall out as your cervix opens. The balloon is usually inserted in the evening and your doctor or midwife will perform another vaginal examination the following morning to reassess your cervix.

Artificial rupture of membranes (ARM)

ARM means breaking the bag of water around your baby. Your cervix needs to be slightly open to break the bag of water and the prostaglandin or balloon catheter can help to open your cervix. If your waters have not already broken naturally, a doctor or midwife can perform a vaginal examination and 'break your waters' with a small hook. Once your waters are broken (regardless of method), you will continue to leak fluid until your baby is born. You will need to have a good supply of maternity sanitary pads with you.

Oxytocin

Oxytocin is a natural hormone that causes your uterus (womb) to contract. Most women being induced will need a manmade form of this to start labour. Oxytocin is given through an intravenous drip, starting at a low dose and slowly increasing until labour becomes established. Your midwife will closely monitor the timing, strength and length of your contractions to decide whether the drip needs to be increased. It may take a few hours for your contractions to be regular and efficient.

Monitoring

Your baby's heart rate will be monitored for a minimum of 30 minutes before and 1 hour after insertion of the hormone or balloon catheter. Once regular contractions or the hormone drip begin, continuous monitoring is needed to ensure the safety of your baby. Your ability to move around will be limited by the drip and continuous monitoring. You do not need to stay in bed and will be able to kneel, sit or stand for comfort. A small number of cordless monitors are available to allow you to move more freely.

Potential risks

The chance of a complication occurring during induction of labour is small and often outweighed by the benefits to you and/or your baby.

These are the more common risks associated with induction of labour:

- Balloon catheter may increase the risk of infection and bleeding from the cervix.
- ARM (breaking your waters) may increase the risk of infection. Very rarely cord prolapse (where the umbilical cord comes through the cervix before the baby is born) can occur – a caesarean section is required if this occurs.

- The hormone drip may cause you to contract too often (i.e. more than 4 in 10 mins) or not allow enough rest between contractions – if this occurs your baby may become distressed
 - this will be identified on your baby's heart rate monitor and the hormone may be reduced or stopped; in some cases a caesarean section may be required.
- The induction may be unsuccessful, i.e. does not start labour or does not cause your cervix to open – if this occurs a caesarean section will be needed.

There may be other risks that are more unusual or specific to your clinical situation. Your doctor or midwife will discuss these with you where relevant. The risks associated with induction of labour need to be compared with the risks to you or your baby of waiting for labour to start naturally. Please ask your doctor/midwife if you have any general or specific concerns.

Mercy Hospital for Women admission: please go to **Admissions on level 1** of the hospital (opposite the Emergency Department reception)

- If you need **2 doses of prostaglandin gel** please arrive for **7am** on the date provided
- If you need **1 dose of prostaglandin gel** or pessary (Cervidil) please arrive for **1pm** on the date provided
- If you need a **balloon catheter** please arrive for **6pm** on the date provided
- If you need your **waters broken** and the **hormone drip** please arrive for **6:30am** on the date provided

PLEASE CALL BIRTHSUITE ON: 84584058 – one hour before you are due to come in to be sure there is bed available for you.

- A doctor or midwife will speak to you if there is a delay and will plan further monitoring and a new date/time for your induction.

Werribee Mercy Hospital admission:

- If you are having **Cervidil or a balloon catheter** please arrive for **4pm** on the date provided to **Maternity Reception**
- If you are having **Prostin or an ARM** please arrive for **7:30am** on the date provided to **Labour Ward**

Please note: Sometimes your planned induction may be delayed or postponed to ensure you and your baby are cared for safely. Doctors and midwives from the birthing suite will prioritise the timing of your induction, taking into account your medical history and personal circumstances.

A doctor or midwife will speak to you if there is a delay and will plan further monitoring and a new date/time for your induction.

For further information, please contact:

Mercy Hospital for Women
Fetal Monitoring Unit Phone: 8458 4268

Werribee Mercy Hospital
Maternity Unit Phone: 8754 3400

Acknowledgements

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