Mercy Health
Care first

*Your important health information*

# Induction of labour

This sheet provides information to you and your family about induction of labour.

Once you and your health care provider have agreed on an induction of labour, you will be asked to sign a consent form.

Induction of labour means starting labour before it starts on its own. Induction of labour is usually recommended when the risks of continuing the pregnancy are greater than the risks of having your labour induced.

Common reasons for induction of labour include:

- you have health problems such as high blood pressure or diabetes
- your baby is not growing well
- the bag of water around your baby has broken, but labour has not started naturally.

**Please note**

Your induction may be delayed if there is high activity in the birth suite.

The midwife or doctor will call you to let you know if this happens and a new time or date will be discussed with you. The team will take into account your pregnancy history, risk factors and personal circumstances when making this decision.

You can call the birthing suite at any time to discuss any concerns regarding your pregnancy.

## How is labour induced?

Before an induction, your doctor or midwife will perform a vaginal examination to assess your cervix (neck of the womb). Usually, more than one method of induction is used; your doctor or midwife will recommend the best methods for you.

| Method of induction | Description |
|---|---|
| **Prostaglandin**<br>□ **Prostin**<br>□ **Cervidil** | Prostaglandin is a hormone that will help to soften and open your cervix It is available in the form of a gel (Prostin) or vaginal tablet (Cervidil). The tablet or gel is put into the vagina.<br>After the prostaglandin has been inserted:<br>• you will need to lie down for around one hour<br>• you may feel uncomfortable crampy pains. Your midwife will be able to assess these pains and offer you pain relief if needed.<br>**Prostin** – Most women being induced with their first baby will need more than one dose of gel. 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.<br>**Cervidil** – Your doctor or midwife will perform a vaginal examination 12 to 14 hours after the pessary was inserted, to remove it and reassess your cervix.<br>You will need to stay in hospital after you have Prostin or Cervidil |
| □ **Balloon catheter** | Balloon catheters are a safe and effective method of preparing the cervix for labour.<br>A speculum examination (similar to a cervical screening test) is performed, and the doctor or midwife will insert a thin tube through the cervix. Once in place, a small balloon in the catheter is filled with water. The balloon helps release natural hormones to soften, open and shorten the cervix. The end of the catheter is taped to your thigh and you are able to wear underwear as usual.<br>The balloon catheter may fall out as your cervix opens. |
| □ **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. A doctor or midwife will perform a vaginal examination and 'break your waters', usually with a small hook..<br>• This will be recommended if your cervix is already soft and open<br>• You may need to have the prostaglandin or balloon catheter first to help open your cervix. (see above) |
| □ **Oxytocin** | Oxytocin is a hormone that causes your uterus (womb) to contract. Most women being induced will need this hormone to start labour.<br>Oxytocin is given through an intravenous drip, starting at a low dose and slowly increasing until labour becomes established. It may take a few hours for your contractions to be regular and strong. |

## Monitoring

Your baby's heart rate will be monitored before and after insertion of the hormone or balloon catheter. Once regular contractions or the hormone drip begin, continuous heart rate monitoring is needed. This enables us to make sure your baby is managing with the contractions. You do not need to stay in bed if you have a drip. You 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.

## Going home with a balloon catheter

Most women will be able to return home after the balloon catheter has been inserted.

**Please call the birthing suite if you have:**

1. abdominal pain
2. vaginal bleeding
3. breaking of the waters
4. reduced movements of your baby
5. or any other concerns.

**When calling the birthing suite, tell our staff that you have a balloon catheter in place.**

If your catheter falls out, call the birthing suite for further advice. This occurs commonly and is safe for you and your baby.

You may be advised to stay at home until the morning or to come back into the hospital.

## Complications

The chance of a complication during induction of labour is very small.

These are the more common problems that can happen:

- The first method used to prepare the cervix may not work and another method may be used.
- The balloon catheter may cause a small amount of bleeding from the cervix.
- ARM (breaking your waters) may increase the risk of infection. Very rarely a cord prolapse (where the umbilical cord comes through the cervix before the baby is born) can occur. A caesarean section is required if you have a cord prolapse.
- The hormone drip may cause you to contract too often. If this happens, your baby's heart rate pattern may change. The hormone drip may be reduced or stopped.
- Labour may not start. If this occurs a caesarean section may be needed or the induction may be delayed.

There may be other risks that are less common or specific to your clinical situation. Your doctor or midwife will discuss these with you. The risks associated with induction of labour need to be compared with the risks of waiting for labour to start naturally.

Please talk to your doctor/midwife if you have any concerns.

## Admission

Your doctor or midwife will tell you approximately, within a few days, when your induction will be. This date may change, depending on your situation, and availability of the birth suite.

Follow the instructions below for your hospital:

| | |
|---|---|
| **Mercy Hospital for Women, Heidelberg** | One to two days before your induction, you will receive a phone call to advise you of the date of your induction and what time to arrive.<br>**Call Birthing Services Unit (BSU) on 8458 4064 or 8458 4086 if you have not received a phone call with your induction date by** _____<br>If you need:<br>☐ two doses of prostaglandin gel arrive for 7.30am on the date provided; weekdays Fetal Monitoring Unit, weekends Birthing Services<br>☐ one dose of prostaglandin gel or pessary (Cervidil) arrive for 1pm on the date provided<br>☐ a balloon catheter please call Birthing Services, 8458 4064 or 8458 4086 on the date provided at 9.30am<br>☐ your waters broken and the hormone drip please call Birthing Services, 8458 4064 or 8458 4086 on the date provided at 5:30am.<br>Go to Admissions on level one of the hospital, opposite the Emergency Department reception. |
| **Werribee Mercy Hospital** | One to two days before your induction, you will receive a text message to inform you of your induction booking and what time to arrive.<br>**Call Outpatients Department on 8754 3400 (Press Option 1) if you have not received a text message with your induction date by** _____<br>Go to Maternity reception of the hospital.<br>Monitoring and an assessment will be performed in either the Maternity Assessment Unit, Birthing Suite or Pregnancy Day Stay. |

**For further information, please contact:**

**Mercy Hospital for Women**
Birthing Services Unit
Phone: 03 8458 4064 or 8458 4086

**Werribee Mercy Hospital**
Maternity Unit
Phone: 03 8754 3400

**Acknowledgements**

Produced by: Birthing Services and Clinical Midwife Consultant

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EVERY WEEK COUNTS

**#letstalktiming**
**www.everyweekcounts.com.au**
**www.womenandbabiesresearch.com**

Women and Babies Research | The University of Sydney | In partnership with Sydney Health Partners

NSW | Stillbirth Centre of Research Excellence | Safer Baby | Women's Healthcare Australasia | SCV Safer Care Victoria | Australasian Preterm Birth Prevention Alliance | Perinatal Society of Australia and New Zealand PSANZ

The University of Sydney | ABN 15 211 513 464
Women and Babies Research, Kolling Institute | Level 5, Douglas Building | Royal North Shore Hospital | St Leonards NSW 2065




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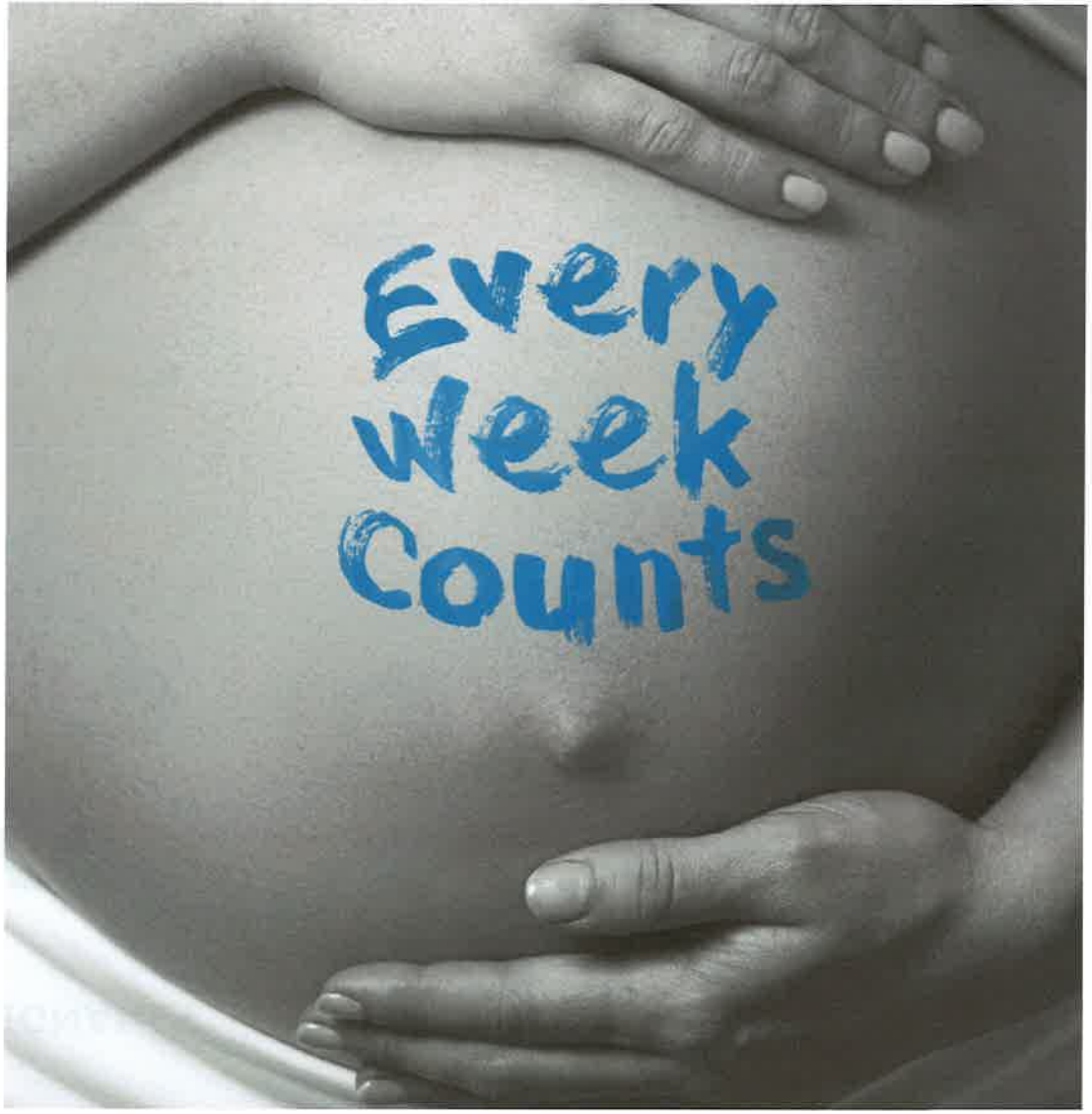
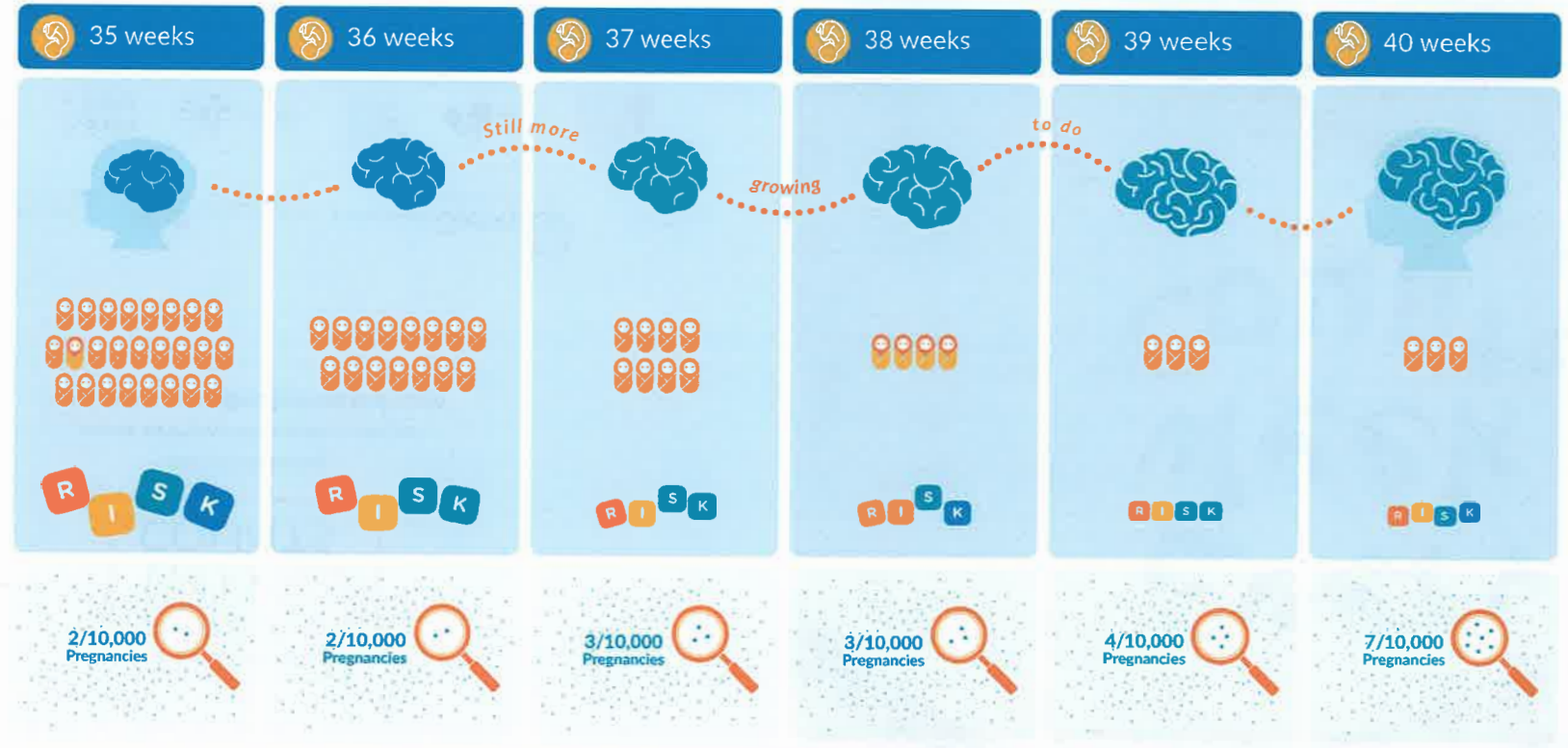


# EVERY WEEK COUNTS TOWARDS THE END OF PREGNANCY

Through research we're discovering that every week your baby continues to grow inside you makes a difference to their short and long term health outcomes.




Brain development is responsible for learning, movement and coordination

Babies are less likely to need specialised care for breathing and feeding difficulties when born closer to their due date

There is less risk of learning difficulties at school entry for babies born closer to their due date

The rate of stillbirth increases slightly towards 40 weeks, but remains very low

Every pregnancy is unique. The decision about the timing of your birth should be based on balancing health benefits to your baby with any risks specific to your pregnancy.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

# Pain Relief in Labour and Childbirth

**Every woman experiences pain in a different way. The way you experience pain depends on your emotional, psychological, social, motivational and cultural circumstances. Every woman responds and copes differently with the pain of labour and childbirth.**

Preparation for birth can help to reduce the experience of pain and reduce anxiety, which can help you to better cope with labour.

Gather information about labour - talk to your midwife or doctor and attend antenatal classes. Discuss your preferences for pain-relief with your care providers and support-people before you go into labour. You can also record your preferences for pain relief in your birth plan.

## Options for pain relief

**There are a number of methods you can use to help you cope with your labour pain.**

Like the labour experience, this is an individual decision. Some women are keen to avoid medications, others are happy to consider all available options. You need to choose the best coping technique or combination that suits you and your needs. Remember, your plan may change when you are in labour.

During your labour, the midwife will continue to guide you and work with you according to your wishes.

## Natural pain relief

### Relaxation

Being relaxed in labour has many benefits. Your body will work better if you're relaxed. Your natural hormones that help your labour progress (oxytocin), and those 'natural pain-relief hormones' (endorphins) that help you cope with labour, will be released more readily.

Fear, tension and resistance are a normal response when you feel out of control or you are not sure what to expect next. On the other hand, relaxing and trusting that your body knows what to do will help you manage your pain. Learn how to relax, stay calm and breathe deeply. Breathing techniques may help you to 'ride the waves' of each contraction. Remember that a relaxed mind is a relaxed cervix. If your face is relaxed, the muscles through your pelvis are too.

### Active birth

Moving around and changing positions is one of the most helpful things you can do to manage the pain of labour and birth. Being able to move freely and rocking your pelvis can help you to cope with the contractions. If you stay upright, gravity will also help your baby to move down through your pelvis.

### Heat and water

The use of heat can help to ease tension and discomfort in labour. Both hot and cold packs are useful, as is being immersed in water in either a shower or a bath. Healthy women with uncomplicated pregnancies may find that having a warm bath in labour helps with relaxation and pain relief. A warm bath increases relaxation and production of endorphins (your body's natural pain relief hormone). It reduces the pain of contractions and the pressure on your pelvis and muscles.

### Touch and massage

Feeling stressed and anxious makes pain seem worse. Massage can reduce muscle tension as well as providing a distraction between and during contractions. Practise with your partner during your pregnancy and find out how you like to be massaged. At different stages during labour, massage and touch will feel good and at other times you may find it distracting or annoying.

### Complementary therapies

Alternative therapies such as acupuncture, acupressure or aromatherapy can also be very effective, but should only be practised by qualified practitioners.

## Non-medical pain relief

**TENS**
The TENS machine is a small, portable, battery-operated device that is worn on the body. The box is attached by wires to sticky pads that are stuck to the skin on your back. The machine has dials that you can adjust to control the frequency and strength of small electrical pulses that are transmitted to the body. These pulses stimulate your body to release your endorphins.

**Water injections for back pain**
Many women have lower back pain that persists throughout their labour. Midwives can use a technique where sterile water injections are given in four different places in your lower back, just beneath the skin. The injections cause a strong stinging sensation, like a bee sting. The sting will last for up to 30 seconds before disappearing along with the back pain. The injections can provide a few hours of pain relief to your lower back without any side effects for you or your baby.

## Medical pain relief

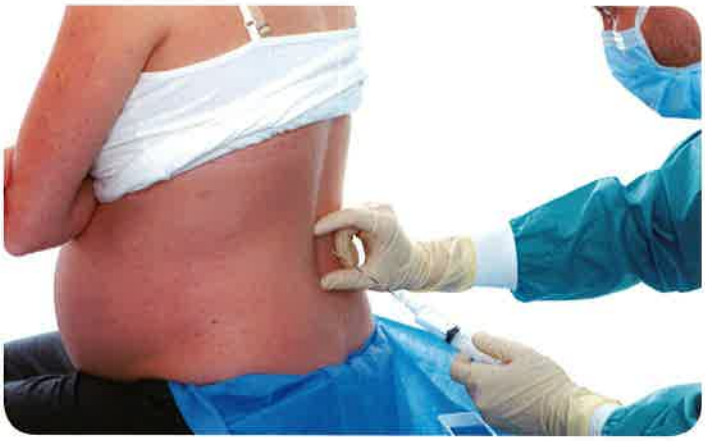
**Nitrous oxide gas**
Often known as 'laughing gas', women in labour can breathe a mixture of nitrous oxide and oxygen through a mouth piece or mask. The gas is inhaled during a contraction and helps take the edge off the pain. Many women choose the gas as it makes them feel in control of their pain-relief and provides them with something to focus on to get through each contraction. There are no after-effects for you or your baby. The mixture of gas can be changed during different stages of your labour to provide better pain relief or if you feel a little nauseous or light-headed.

**Pethidine or morphine injection**
Pethidine and morphine are strong painkillers given by injection. You may be offered one of these medications, which work by mimicking the effects of endorphins.

Although they help reduce the severity of the pain, they do not take it away completely. Women have varying responses to morphine and pethidine. Some women will say the injection provided pain relief, while others will say it had no effect at all on their level of pain.

The injections can take up to 30 minutes to work and can make you feel quite nauseated. Because these drugs cross the placenta to your baby, your baby may become sleepy. Sometimes pethidine may contribute to breathing problems in your baby if given within two hours of birth.

For this reason and due to its relatively short period of effect, it is mostly helpful for women who are in well-established labour but not too close to giving birth.



**Epidural**
An epidural is a procedure where an anaesthetic (a drug that gives either partial or total loss of sensation) is injected into the small space in your back near your spinal cord by a specialist anaesthetist. Information about the use of epidural anaesthesia for pain relief can be found at www.anzca.edu.au/Patients.

After an epidural, you will have altered sensation from the waist down. How much you can move your legs after an epidural will depend on the type and dose of anaesthetic used. A very thin tube will be left in your back so the anaesthetic can be topped up. Sometimes the tube is attached to a machine so that you have control over when the epidural is topped up.

The benefits of an epidural are that it takes away the pain of contractions, it can be effective for hours and can be increased in strength if you need to have an emergency caesarean. In a long labour, it can allow you to sleep and recover your strength. Epidurals can cause a fall in blood pressure, so you will usually have an intravenous drip (a bag of liquid that enters your body through a tube) put into your arm or the back of your hand, and your blood pressure will be monitored more closely. You may also lose the sensation to pass urine, so you will have a catheter tube inserted into your bladder to drain your urine.

Because of the potential side effects such as low blood pressure, the baby's heart rate will need to be continuously monitored by a CTG machine following an epidural. Further information about monitoring the baby's heart rate in labour can be found on the RANZCOG website under patient information. The chance of you needing assistance with the birth of your baby increases once you have had an epidural. A stronger epidural or 'top up' will help relieve the pain of these procedures.

Not all birth places can offer every method of pain management. You might like to talk to your care provider about the pain relief options available to you at your planned place of birth and which methods of pain relief can and can't be used together. You can choose one method or a few, or you change from one to another during labour. Remember it is important to keep an open mind and have a positive attitude and confidence in your ability to labour.





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Excellence in Women's Health

# Induction of Labour

**In most pregnancies, labour starts naturally between 37 and 42 weeks. When labour starts, a number of changes occur in your body:**

- your cervix (opening of your uterus / womb) will 'ripen' and become soft and open
- you will experience strong, regular contractions that dilate (open) your cervix leading to the birth of your baby
- the bag of membranes ('waters') around your baby may break

When labour starts on its own, it is called spontaneous labour.

A labour that is started with medical treatment is called 'induced' labour.

An induction of labour may be recommended when you or your baby will benefit from birth being brought on sooner rather than waiting for labour to start naturally.

The most common reasons for induction are:

- you have a specific health concern, such as high blood pressure
- your baby is overdue
- there are concerns with your baby (less movements, low fluid, not growing well)
- your waters have already broken but your contractions have not started naturally

## What type of induction am I likely to have?

**There are different ways to induce labour. To determine the best method of induction for you, your doctor or midwife will do a vaginal examination to check how ready your cervix is.**

Based on this examination, they will recommend one of the following methods of induction:

- a hormone called prostaglandin
- balloon catheter
- artificial rupture of membranes (ARM)
- a hormone called syntocinon

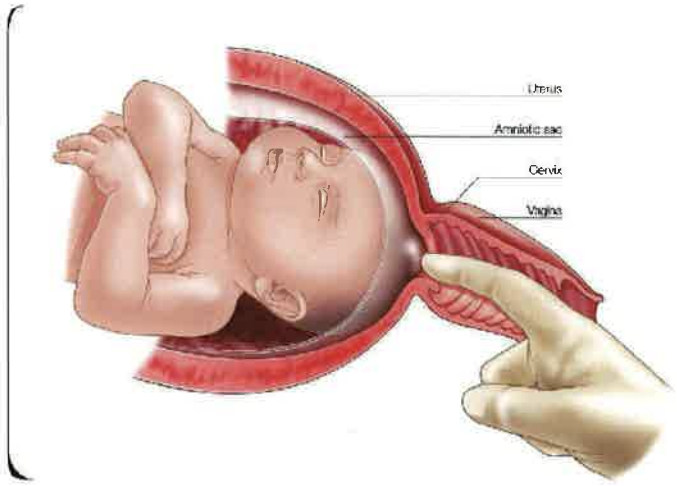
The process of induction will vary for everyone. It may require one or a combination of these methods.

## Methods of induction

### Prostaglandins

Prostaglandin is a naturally occurring hormone that prepares your body for labour. A synthetic version has been developed to mimic your body's natural hormone. This hormone is placed in your vagina either as a gel or pessary (like a tampon) that works to ripen your cervix. Once the prostaglandin has been inserted, your baby will be monitored and you will need to stay in hospital.

Occasionally you may need more than one dose of prostaglandin. When the prostaglandin takes effect, your cervix will be soft and open and the next steps of your induction can start.




Some women may have their membranes ruptured ('waters broken') but this may happen naturally. Some women may require syntocinon to stimulate contractions.

### Balloon catheter

Prostaglandins are not suitable for all women, for example, if you have had a previous caesarean section or a reaction to prostaglandins in the past. Your doctor may therefore recommend a balloon catheter to ripen your cervix.

This catheter is a thin tube which is placed inside your cervix and a small balloon inflated to place pressure on your cervix. This pressure should soften and open your cervix. This catheter will stay in place for several hours until either it falls out (indicating your cervix has opened) or until you are re-examined.

**Artificial rupture of membranes ('breaking your waters')**
If your waters have not broken, artificial rupture of membranes may be recommended. This is when your doctor or midwife puts a small hole in the bag of membranes or waters around your baby. This is done with a small instrument during a vaginal examination and can only occur once your cervix is open. Once your membranes have ruptured, contractions may start naturally, if not, a syntocinon infusion will be started.

**Syntocinon**
Syntocinon is a synthetic hormone that mimics your body's natural hormone called Oxytocin. It is given through an intravenous infusion (drip) in your arm and stimulates contractions of the uterus. The infusion is slowly increased until you are having strong regular contractions. The infusion will continue until after your baby is born.

Once syntocinon has started, your baby's heart rate will be monitored throughout labour using a CTG machine. More information about monitoring your baby's heart rate in labour can be found on the RANZCOG website under Patient Information.

## What risks are involved with an induction of labour?

**The induction may not work.**
Occasionally, the process to ripen the cervix does not work, which means your cervix has not opened enough for the membranes to be ruptured. If this happens, 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. Sometimes, after your membranes have ruptured, contractions may not start and labour does not become established. In this situation, your doctor will recommend a caesarean section.

**Over-stimulation of the uterus.**
One of the side effects of the synthetic hormones is they 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 you have a hormone pessary, it will be removed.

**Increased intervention**

According to contemporary studies, induction of labour when performed appropriately does not increase the chances of obstetric interventions. However, it is always important to balance the risks and benefits of induction of labour carefully and discuss with your doctor or midwife.

## Making your choice

**When considering induction of labour, some women will choose a 'wait and see' approach to whether labour will start naturally. Others will choose induction.**

Ask your doctor:

- Why has an induction been recommended?
- What are the potential risks with continuing your pregnancy until labour starts naturally?
- What are the potential risks with having an induction of labour?
- What are the procedures and care that are involved with an induction?

It is important that you are aware of the benefits and risks of both options so you can decide what is best for you and your baby.





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