

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
<p>Prostaglandin</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prostin <input type="checkbox"/> Cervidil 	<p>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.</p> <p>After the prostaglandin has been inserted:</p> <ul style="list-style-type: none"> • you will need to lie down for around one hour • you may feel uncomfortable crampy pains. Your midwife will be able to assess these pains and offer you pain relief if needed. <p>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.</p> <p>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.</p> <p>You will need to stay in hospital after you have Prostin or Cervidil</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Balloon catheter 	<p>Balloon catheters are a safe and effective method of preparing the cervix for labour.</p> <p>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.</p> <p>The balloon catheter may fall out as your cervix opens.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Artificial rupture of membranes (ARM) 	<p>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..</p> <ul style="list-style-type: none"> • This will be recommended if your cervix is already soft and open • You may need to have the prostaglandin or balloon catheter first to help open your cervix. (see above)
<ul style="list-style-type: none"> <input type="checkbox"/> Oxytocin 	<p>Oxytocin is a hormone that causes your uterus (womb) to contract. Most women being induced will need this hormone to start labour.</p> <p>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.</p>

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:

<p>Mercy Hospital for Women, Heidelberg</p>	<p>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.</p> <p>Call Birthing Services Unit (BSU) on 8458 4064 or 8458 4086 if you have not received a phone call with your induction date by _____</p> <p>If you need:</p> <ul style="list-style-type: none"> <input type="checkbox"/> two doses of prostaglandin gel arrive for 7.30am on the date provided; weekdays Fetal Monitoring Unit, weekends Birthing Services <input type="checkbox"/> one dose of prostaglandin gel or pessary (Cervidil) arrive for 1pm on the date provided <input type="checkbox"/> a balloon catheter please call Birthing Services, 8458 4064 or 8458 4086 on the date provided at 9.30am <input type="checkbox"/> your waters broken and the hormone drip please call Birthing Services, 8458 4064 or 8458 4086 on the date provided at 5:30am. <p>Go to Admissions on level one of the hospital, opposite the Emergency Department reception.</p>
<p>Werribee Mercy Hospital</p>	<p>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.</p> <p>Call Outpatients Department on 8754 3400 (Press Option 1) if you have not received a text message with your induction date by _____</p> <p>Go to Maternity reception of the hospital.</p> <p>Monitoring and an assessment will be performed in either the Maternity Assessment Unit, Birthing Suite or Pregnancy Day Stay.</p>

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

Date produced: September 2014

Date of last review: April 2022

Date for review: April 2024

This document provides general information only and is not intended to replace advice about your health from a qualified practitioner. If you are concerned about your health, you should seek advice from a qualified practitioner.