

Induction of Labour

What is induction of labour?

In most pregnancies, labour starts naturally between 37 & 42 weeks, leading to the birth of the baby. When labour starts, a number of changes take place in your body:

- The cervix (neck of the womb) softens and shortens
- The fluid-filled membrane sac surrounding your baby tears ('your waters break')
- The cervix dilates (opens)
- The uterus contracts to push your baby out

Labour is said to be "induced" when labour is started artificially rather than spontaneously.

When is induction of labour recommended?

About 1 in 5 women will need to have their labour induced. An induction is recommended when it is considered that your health and/or your baby's health will benefit.

The most common reasons are:

- a specific health concern (such as diabetes or high blood pressure)
- monitoring has indicated the baby would be better delivered
- the waters have already broken but the contractions of labour have not started naturally

Overall, induction is recommended when it is considered that your health and/or your baby's health will benefit.

How is labour induced?

Before starting the induction, the softness of your cervix is assessed by performing a vaginal examination. This determines what method of induction is most suitable for you.

- If the cervix is soft and open, and the waters have already broken oxytocin will be used to start labour.
- If the cervix is soft and open, but the waters have NOT broken then your waters are ruptured and oxytocin will be used
- If the cervix is NOT soft and open, and the waters have NOT broken, prostaglandin gel to soften the cervix, followed by breaking your waters and oxytocin will be used.

Things you should be aware of

- Induction for reasons other than prolonged pregnancy may slightly increase the chance of you having a caesarean section
- Women who are induced are more likely to experience above average blood loss after the birth.
- In the event the birth suites are busy, and you and your baby are well, your induction of labour may be delayed and the process of induction may take longer than one day

Oxytocin

Oxytocin is the hormone that causes contractions. A synthetic version of oxytocin is given to women when contractions don't start naturally. Oxytocin is given through a drip and enters a vein in the arm. Once contractions begin, the rate of the drip is adjusted so that contractions occur regularly until your baby is born. This process can take several hours. Your baby's heart rate will be monitored throughout labour using a CTG machine.

Things you should be aware of

- Your ability to move around will be limited by the drip and the CTG monitor. Whilst it may be okay to stand up or sit down, it will not be possible to have a bath or move from room to room.
- Very occasionally oxytocin can cause the uterus to contract too frequently which may affect the pattern of your baby's heartbeat. If this happens you will be asked to lie on your left side and the drip will be slowed to lessen the contractions. Another drug may be given to counteract the oxytocin.

Artificial Rupture of Membranes

If your waters have not broken a procedure called an 'Artificial Rupture of Membranes' or 'ARM' may be recommended. This means having a vaginal examination and breaking a small hole in the baby's membranes via the cervix. Sometimes releasing the waters is enough to start contractions and labour will commence. However, most women will also require the oxytocin drug as well (as described above) to start the contractions.

Things you should be aware of

- The vaginal examination needed to perform this procedure may cause some discomfort.
- Although ARM is usually straightforward, it can theoretically (but rarely) increase the risk of cord prolapsed, bleeding and infection.

Prostaglandin

Prostaglandin is a naturally occurring hormone that prepares the body for labour. A synthetic version has been developed to mimic the effect of the hormone. This is inserted into the vagina, usually in the form of a gel. When the prostaglandin is in place, you will be advised to lie down and rest for at least 30 minutes. During this time the midwives will continue to listen to your baby's heart rate, and check that you're not having a reaction to the drug. If everything is normal you may be discharged home to return to the hospital later another examination. However, you should return to the hospital immediately if you experience any of the following:

- Regular painful contractions 5 minutes apart for your first baby (10 minutes apart for subsequent babies)
- Your membranes rupture spontaneously
- Your baby seems to be moving less
- You have vaginal bleeding

The prostaglandin is used to soften your cervix. This may require one, two or three doses (given every six to eight hours). When the cervix is soft and open, your body is prepared for induction of labour. The next steps will vary from woman to woman, some might require ARM to break their waters, whereas this might happen naturally for other women. Some women might require oxytocin to stimulate their contractions.

Things you should be aware of:

- Prostaglandin sometimes causes vaginal soreness. However, there is no evidence to suggest that labour induced with prostaglandin is any more painful than labour that has started naturally.
- A minority of women might experience some reactions to the prostaglandin such as nausea, vomiting or diarrhoea.
- Very occasionally prostaglandin can cause the uterus to contract too much which may affect the pattern of your baby's heartbeat. If this happens you will be asked to lie on your left side. You may be given a medication to relax the uterus and any prostaglandin gel remaining in your vagina may be removed.

If you have any further questions or concerns about your induction, please feel free to discuss this with us further.