

Induction of labour

This information sheet aims to answer some commonly asked questions about induction of labour. **IMPORTANT:** This is general information only. Ask your health care provider for more information.

What is induction of labour?

Induction is the process of starting labour artificially.

Why is induction of labour needed?

Your doctor or midwife will recommend induction when giving birth is considered safer than staying pregnant. The most common reason for induction is to prevent your pregnancy lasting well beyond your estimated due date. Being pregnant for too long increases the risk of many complications including stillbirth. Other reasons it might be safer to give birth than to stay pregnant include:

- You have high or rising blood pressure
- You have diabetes
- Your baby is not growing well, or is estimated to be very large
- You or your baby have a medical condition

You can expect that your doctor or midwife will talk with you about:

- why an induction is being recommended to you
- the risks to you and your baby if you wait for labour to start naturally
- the risks of inducing labour
- the method of induction most suitable for you
- when, where and how induction usually happens
- what will happen if the induction does not work
- the benefits of having a membrane sweep

What if you don't want to be induced?

It is important that you understand both the risks of waiting and the risks of induction. This will help you decide what is right for you. Some women may choose to wait and see if labour starts naturally. Talk to your healthcare provider about any questions or worries you may have. The decision to be induced or not is always up to you.

What is membrane sweeping?

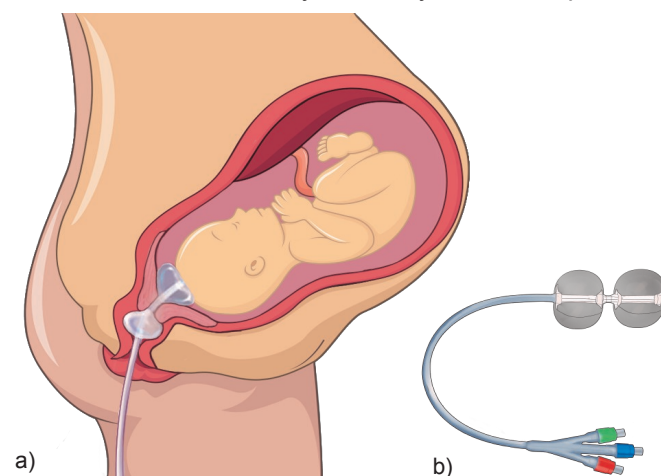
This is not a formal method of induction, but it can help stimulate the release of natural prostaglandins (hormones) and encourage labour to start naturally. During a vaginal examination, your doctor or midwife uses their finger to separate the membranes around your baby from your cervix. The procedure can be uncomfortable and you may have a small amount of vaginal bleeding and contractions afterward. You do not usually need to stay in hospital. Sometimes more than one membrane sweep is recommended.

How is labour induced?

There are four common ways to induce labour. Sometimes more than one method is used. The method that is right for you depends on your individual circumstances and the reason for your induction. It also depends on how 'favourable' or 'ready' your cervix is for labour. You can think of induction as happening in two parts. Part 1 aims to soften and open your cervix (make it ready for induction) and part 2 aims to start or increase your contractions.

Balloon catheter (with one or two balloons)

A soft thin tube (catheter) is passed into your vagina and through your cervix. Then a small balloon at the end of the catheter is filled with water. The balloon helps the cervix to soften and open up (dilate). The balloon catheter is usually left in for about 12 hours. Sometimes the catheter will fall out by itself as your cervix opens.



Double balloon catheter inserted through the cervix (a), double balloon catheter (b)

Prostaglandin

A gel or pessary (like a small tampon) is inserted into your vagina. This slowly releases artificial prostaglandin over a number of hours causing your cervix to soften and open up (dilate). You will need to lie down for at least 30 minutes afterwards to help it work on your cervix.

Artificial rupture of membranes (breaking your waters)

During a vaginal examination, a small opening is made in the membranes around your baby. This allows the fluid around your baby to drain out and can sometimes be enough to get your contractions going. Walking around afterwards may help your contractions start. However, most women will also need an artificial oxytocin infusion to start their contractions.

Oxytocin

Natural oxytocin is a hormone that causes your uterus to contract. Artificial oxytocin in an intravenous (IV) drip is used to start or increase your contractions. It is usually only started after your waters have broken. Having your baby's heart rate monitored with a CTG machine during your labour is strongly recommended.

How long does the induction process take?

It can be hard to predict how long your baby will take to be born—just like it is hard to know when labour starts naturally. It might be shorter if you have had a baby before, or your cervix is more 'ready' at the beginning. Softening your cervix (part 1) can take 12 hours or more. Sometimes more than one method is needed, making this part longer. Your contractions might start as your cervix softens and opens, but usually you will also need oxytocin. Part 2 (after you start contracting) can also take 12 hours or more. There may also be delays in starting a method of induction if the birthing unit is unexpectedly busy or there is an emergency.

What are the risks with induction?

The risks can depend on your individual circumstances and also on the method of induction. Talk to your doctor or midwife about your situation. Induction of labour can increase the:

- use of monitoring equipment
- risk that your uterus will start contracting too frequently. This can affect the pattern of your baby's heartbeat. If this happens, you may need a drug to stop the contractions
- risk of your baby's umbilical cord coming out before your baby is born. Although uncommon, this is an emergency and you will need a caesarean section if this happens.

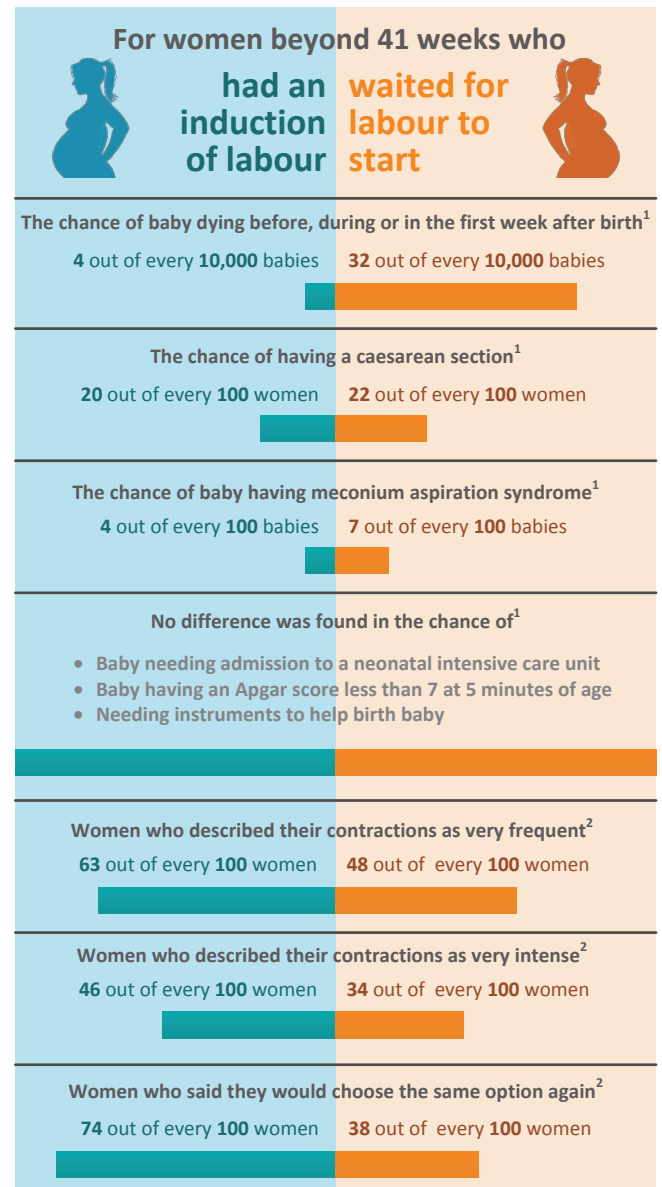
Although any labour can end in the need for a caesarean section, studies show that induction of labour does not increase this risk.

Are there other safe ways to start labour?

Always talk to your doctor or midwife before trying to start your labour. A membrane sweep can sometimes reduce the need for formal induction.

Not recommended

At present, there isn't enough known about the safety and effectiveness of trying to start labour with herbal supplements, acupuncture/acupressure, homeopathy, castor oil, hot baths and enemas.



1. Gülmezoglu A, Crowther C, Middleton P. Induction of labour for improving birth outcomes for women at or beyond term. Cochrane Database of Systematic Reviews. 2012; Issue 4. Art. No.: CD004945. DOI: 10.1002/14651858.CD004945.pub2.

2. Heimstad R, Romundstad P, Hyett J, Mattsson L, Salvesen K. Women's experiences and attitudes towards expectant management and induction of labor for post-term pregnancy. Acta Obstetrica et Gynecologica Scandinavica 2007;86(8):950-6.

Support & Information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public.

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families
www.health.gov.au/pregnancyhelpline

Queensland Clinical Guidelines: This parent information is aligned with the QCG guideline *Induction of labour* available at www.health.gov.au/qcg