

Induction of labour

This information sheet aims to answer some commonly asked questions about induction of labour. Informed consent and woman centred care are integral to health care in Queensland. Decisions about your care are always up to you.

IMPORTANT: This is general information only. Ask your doctor, midwife or nurse about your own situation.

What is induction of labour?

Induction of labour is the process of starting labour artificially. You can think of induction as having two parts. Part 1 aims to ripen (soften, shorten and open) your cervix. Part 2 aims to start your contractions.

You can read about these in the parent information sheets on:



[Part 1: Cervical ripening](#)



[Part 2: Breaking your waters and oxytocin](#)

When is an induction recommended?

Induction of labour is recommended when giving birth is considered safer than staying pregnant. Some common reasons for induction of labour are:

- Your pregnancy has gone longer than 41 weeks (a week or more over your “due date”)
- Your baby is not growing as expected or is not well
- You have a health condition (e.g. high blood pressure)

Induction when you are overdue

The risk of stillbirth at the end of pregnancy (term) is very low. However, this risk increases the longer your pregnancy goes past term. When you are overdue, induction is recommended. This is because compared to waiting for labour to start on its own, you are:

- Less likely to have a stillborn baby
- Less likely to need a caesarean birth
- Less likely to have a baby that needs special care in a neonatal unit

Why isn't induction usually recommended earlier?

Although there is always some risk of stillbirth, the actual chance is very small. Babies born before term can have problems because they have not finished growing and developing.

Induction is sometimes recommended before term if there are health concerns for you and/or your baby, and your healthcare provider believes that being induced and having your baby is safer than remaining pregnant

What are the risks of induction?

The risks of induction depend on why you are being induced, the method of induction and your individual circumstances.

Contractions too frequent or too long

If your contractions are too long or too frequent, your baby can become distressed. Monitoring your contractions and baby's heart rate can help detect problems early. Sometimes a baby that is distressed needs to be born quickly. If this happens, you might need a caesarean, or a vaginal birth assisted by instruments.

Cord prolapse

A cord prolapse is when your baby's umbilical cord comes out before your baby is born. Although rare, this is an emergency. You will need a caesarean if this happens.

Labour doesn't start

If labour doesn't start during your induction, your healthcare provider will discuss other options with you. This may include having a caesarean, or trying the induction again later. It depends on your individual circumstances. Talk to your healthcare provider about what your options might be if this happens.



What are other considerations about an induction?

Other things to consider when thinking about undergoing an induction include:

- It can be more difficult to move around freely when you are attached to a monitor
- You may have a 'drip' (an 'IV'), in your arm to give you fluids and medications
- You may need more vaginal examinations and interventions than if you had a spontaneous labour (labour that starts on its own)
- It may affect where you can give birth, and your access to water immersion or water birth
- You may prefer to have a planned date for induction rather than waiting

Questions to ask your healthcare provider

Talk to your healthcare provider about any questions or worries you may have. Questions you could ask include:

- Why is induction being recommended?
- What are the risks and benefits of induction for me and my baby?
- What are the risks and benefits of continuing my pregnancy, and waiting for labour to start naturally for me and my baby?
- What method of induction is being recommended?
- What are my options if the induction does not work?

Are there other ways to start labour?

Always talk to your healthcare provider before trying to start your labour on your own.

Currently, there is not enough known about the safety and effectiveness of trying to start labour with herbal supplements, acupuncture/acupressure, homeopathy, nipple stimulation, castor oil, hot baths and enemas. These methods are not recommended.

What if you don't want an induction?

The decision about an induction is always up to you, and you can change your mind at any stage.

If you don't want an induction, you can 'wait and see' what happens. You may go into labour on your own, or you might have an induction or a caesarean at a later date. If you decide not to have an induction, your healthcare provider will recommend a plan for you and your baby.

It is important that you understand both the risks and benefits of waiting for labour to start on its own, and the risks and benefits of induction. This will help you decide what is right for you and your baby.

Support & Information

Queensland Clinical Guidelines Parent information www.health.qld.gov.au/qcg

13HEALTH (13 432584) telephone support providing health information, referral and services www.qld.gov.au/health/contacts/advice/13health

Pregnancy, Birth & Baby Helpline (1800 882 436) free, confidential, professional counselling and information relating to conception, pregnancy, birthing and postnatal care. www.health.gov.au/pregnancyhelpline

MumSpace website resources supporting mental and emotional wellbeing during and beyond pregnancy www.mumspace.com.au

Lifeline (13 11 14) telephone crisis support service www.lifeline.org.au

Women's Health Queensland Wide (1800 017 676) offers health promotion, information and education service for women and health professionals throughout Queensland. www.womhealth.org.au

Inform my care website comparing information about public and private hospitals in Queensland www.informmycare.qld.gov.au