**Induction of labour (IOL)**

**Information for women and carers**

**What is an induction**

Induction is a term used when medical treatment is needed to start labour. Induction should only be considered when either you or your baby’s health will benefit by ending the pregnancy early. Induction can take two to three days as it may take some time for the medication to make your cervix ready for labour.

Baby’s heartbeat may need to be monitored continuously with a cardiotocography (CTG), when you go into active labour after induction. During the induction process you will need to stay in hospital.

**Reasons for induction**

Reasons for induction can include:
- overdue pregnancy
- high blood pressure
- vaginal bleeding
- baby not growing appropriately
- waters breaking before labour starts
- diabetes
- mothers older than 40 years.

Many women go past their due date; this is common and normal. About 60 per cent of women having their first baby will birth after the due date. Induction of labour is routinely offered close to 42 weeks as the risk of stillbirth increases more after this time. Women who are obese or smoke have an increased risk of stillbirth.

There is growing evidence that women 40 years or older are at greater risk of stillbirth so are offered induction of labour at 40 weeks. Induction of labour for high blood pressure, diabetes and other medical conditions is usually recommended because the placenta may not work as well at the end of pregnancy and it is safer for the baby to be born a bit earlier.

Induction may make it more difficult to mobilise freely or use the bath or shower during labour, because it might be necessary for you to have an intravenous drip and/or have your baby monitored by a CTG machine.

**Monitoring if induction is declined**

When induction is recommended, the midwife or doctor should discuss the reasons for induction so that you understand why it needs to happen, and the risks of not doing it. Please discuss any questions or concerns you may have.

Extra monitoring of your baby to check wellbeing may be recommended, if you choose not to be induced.

**Membrane sweeping**

Membrane sweeping is available at your request at the 41 week appointment. There is limited evidence that membrane sweeping may help a small number of ready women to start labour. During a vaginal examination the doctor or midwife inserts a gloved finger inside the cervix and separates the baby’s membrane from the cervix. While this won’t harm the baby it can be uncomfortable and cause some light vaginal bleeding.

**Methods of induction:**

The current preferred method of induction is balloon catheter, but other methods may be used as well or instead of this method. The majority of women who have a balloon catheter are able to return home overnight. Your individual circumstance and opinion will help the doctor to decide on the best option for you.

**Balloon Catheter (Cook’s)**

The midwife or doctor uses a speculum and forceps to insert the balloon catheter—a thin plastic tube into your cervix. Once the catheter is in place, the balloons at the end against the cervix are filled with water. The catheter remains in place for 12 to 18 hours, so let the midwife know if it falls out sooner than this. Depending on your individual circumstances you may be able to spend this time in your own home.

The constant pressure of the balloons helps the cervix to soften and dilate enough so the waters can be broken. The breaking of the waters is called artificial rupture of membranes or ARM and occurs at the examination after the 12 to 18 hours has passed.
**Prostaglandin gel (PGs)**

Prostaglandin gel can be used to induce labour. Following CTG to assess your baby's wellbeing, the midwife or doctor will insert the prostaglandin gel into your vagina at the back of your cervix. Some women may feel contractions or period-like pain soon after gel insertion, others will experience none. Though contractions may come and go, this doesn't mean labour has begun. Following a further CTG you will be taken to your room in the maternity ward.

You will be reviewed six hours later with the plan to break the waters and commence a syntocinon drip to start contractions. If it is not possible to break the waters, a repeat dose of gel would be inserted instead.

Unfortunately, if Birth Suite is very busy, your induction may need to be postponed temporarily.

Let the midwife know if:
- your waters break,
- you have any bleeding,
- you feel you are having too many contractions or need pain relief.

**Artificial rupture of membranes (ARM)**

Occasionally labour may be induced by breaking the sac of waters around the baby. During a vaginal exam, a blunt plastic hook is slid alongside the doctor or midwife's finger and used to make a hole in the sac, releasing some of the water from around the baby.

Following ARM for IOL, it is recommended you commence an intravenous drip containing oxytocin immediately. If you have previously had a baby you may choose to discuss with the doctor the possibility of waiting for labour to begin spontaneously.

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**Previous caesarean**

Your consultant will discuss induction of labour individually with you.

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**On the day of induction of labour** ........................................... (date)

Please phone Birthing Services: **07 5202 3888** an hour before the time you are booked to arrive. Occasionally if the unit is too busy, your induction may need to be postponed for a few hours or even a day. **Please bring this leaflet with you.**

- [ ] Arrive: 6.00am (ARM)  
- [ ] Arrive: 1.00pm (Prostaglandin) (First baby)
- [ ] Arrive: from 3.00pm (Cooks catheter)
- [ ] Arrive: 8.00pm (Prostaglandin) (If not first baby)

I understand the reason induction of labour is being recommended is:

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The risks, benefits and other options have been explained adequately to me by:

........................................................................................................ (Dr/Midwife)

I understand I have the right to accept induction of labour or decline:

Yes [ ] No [ ]

Patient signature...............................................................

Date..................................................................................

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**Syntocinon (oxytocin) infusion**

If the waters are broken and contractions do not start or are not effective enough, a syntocinon drip is usually recommended. The infusion is started at a low rate and gradually increased until you get regular strong contractions.

Your baby's heartbeat should be monitored continuously during this time, recording a tracing called a CTG.

**Failed induction**

In a small number of women induction will be unsuccessful, usually leading to a decision by the woman and her doctor for a caesarean section.