Induction of Labour (IOL)

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

Patient Information

Women's Health Service

Waiting for the birth of your baby can be both an exciting and anxious time. For most women labour will begin naturally, while for others it may be necessary to have their labours induced.

Sometimes your Lead Maternity Carer (LMC) may recommend that your labour be induced.

An induction of labour may be considered necessary if:

- Your pregnancy is prolonged (over 41 weeks)
- Your baby is small and/or growing slowly
- You have diabetes in pregnancy
- Your membranes have ruptured but labour has not begun
- You have a condition which threatens the health of you or your baby (e.g. high blood pressure or kidney disease).

The risks and benefits of inducing your labour will depend upon why you are being induced. You can discuss both the risks and benefits of an induction of labour with your LMC.

Once the decision to induce labour is made the first question many people ask is *'how long will it take'* or *'when will my baby be born'*?

These questions are difficult to answer because even though your labour is going to be induced, every woman labours differently. Therefore, it is not possible to predict how long your labour will take or exactly when your baby will be born.

Induction of labour and breastfeeding

Induction can make breastfeeding more difficult. The medications you are given can reduce your milk supply initially, and also make your baby less co-ordinated about getting onto your breast. We recommend that you start expressing your breast milk whilst you are pregnant, and continue expressing until you have a good milk supply. Please see the separate information sheet about Antenatal Milk Expressing.

Coming in for your induction

Please come to the delivery suite at 7.00am on the morning of your induction. Make sure you have had breakfast before you arrive. You may be asked to come at 6.00pm the night before your scheduled induction. Care prior to the onset of labour may be undertaken by your LMC or a hospital employed midwife. If a hospital midwife assumes this role she will contact your LMC once you are in established labour. Your midwife LMC will then resume responsibility.

Ways that labour may be induced

Within the Women's Health Service labour may be induced using a combination of two medications and/or two procedures. The method used will depend on how ready your body is to labour. These include:

1. Prostaglandin gel
2. Balloon catheter
3. Artificial rupture of the membranes
4. Oxytocin infusion

Prostaglandin Gel

For labour to commence, the cervix (opening to the uterus) needs to be soft and partially open or dilated. Your LMC will usually perform an internal examination prior to commencing an induction of labour in order to assess how soft and dilated your cervix is.

If your cervix is long and closed prostaglandin gel may be inserted into your vagina to help soften the cervix. Once the prostaglandin gel is inserted you will be asked to remain on your bed for one hour as this will allow the gel time to be absorbed. Your baby's heart beat will be monitored intermittently during this time.

You may have a mild reaction to the prostaglandin gel – for example tightenings, cramping in your lower abdomen and/or backache. Some women start contracting a few hours after the prostaglandin gel has been inserted.

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Sometimes however, there is no response to the prostaglandin gel and a repeat dose may be required. If this is so, a second dose will be given 4 to 6 hours after the first dose. During this time you are encouraged to walk around, eat, drink, read and rest.

Your baby's heart beat will be monitored intermittently during this time.

Balloon Catheter

If prostaglandin is deemed unsuitable, for example if you have had a caesarean section in the past or your baby is small, then a balloon catheter may be more appropriate.

A tube with a small balloon will be passed through your cervix during a vaginal examination. Once in the correct position the balloon will be filled with a small amount of water. This will help to ripen your cervix. The tube will be taped to your leg.

You will be shown how to, every so often, gently apply tension to the balloon, which will help encourage labour to start.

Artificial Rupture of the Membranes

Artificial rupture of the membranes or breaking of the forewaters, can only be done when the cervix is soft, partially dilated (open) and in a good position. During a vaginal examination a sterile plastic hook is gently passed through the centre of your cervix in order to make a small hole in the membranes.

The amount of fluid released at the time that your membranes rupture varies significantly from one woman to another. However, following this procedure you will need to wear a sanitary pad as the amniotic fluid will continue to leak out from now until the time that your baby is born. Your baby's heart beat will be monitored for at least 20 minutes after your membranes rupture.

Oxytocin infusion

Following membrane rupture an oxytocin infusion is often required in order to produce good, strong, and regular contractions.

A small cannula (drip) is inserted into a vein in your arm. Then a bag and tubing is attached to the cannula and a bag of saline is commenced. Oxytocin is a drug added to the saline and will run through an infusion pump which will cause your uterus to contract. The pump enables your midwife to carefully measure the amount of oxytocin being administered.

The amount of oxytocin you require is adjusted according to the length and strength of your contractions. Ideally, you will get 3 – 4 contractions every 10 minutes to enable your cervix to dilate and for good progress in labour to occur.

Contractions usually begin within 1 to 2 hours of the oxytocin infusion starting.

Your baby's heart beat will be monitored continuously until the time of his/her birth.

Pain relief

As every woman experiences labour differently your LMC will discuss with you and your husband, partner or support person ways of coping with pain.

Postponement of an induction of labour

There are times when delivery suite is extremely busy and starting an induction of labour would compromise clinical safety. If this situation was to occur the Associate Charge Midwife Manager (ACMM) would review the clinical records of all women scheduled to have an induction of labour. Then the on-call obstetrician would make a decision about which inductions of labour were the most appropriate to postpone or delay.

If this were to occur you would be contacted by a delivery suite associate charge midwife, informed of the situation and offered an alternative induction date - usually the following day.

As there is the potential for a postponement we advise, where possible, your plans are made flexible. This includes making alternative arrangements for the care of dependents or ensuring your support person's employer is aware their leave requirements could change.

Contact us

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Phone: (04) 8060 850 (Extension 80850)