



# **INDUCTION OF LABOUR INFORMATION GUIDE**

**Maternal Child Care Program  
Pembroke Regional Hospital**

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## ***Introduction***

This booklet will help you to understand induction of labour. It will also tell you about the different ways we can induce your labour and what you can expect with each method.

After reading this booklet, write down any questions or concerns you may have. Take them with you next time you see your care provider or go to the hospital.

## ***Definitions***

Here are the definitions for some of the terms you will hear in your care provider's office or at the hospital.

**Cervix:** This is the narrow, lower part of the uterus which opens into the vagina.

**Cervical ripening:** Cervical ripening usually happens during the last few weeks of pregnancy, as your body prepares for labour and your baby's birth. Your cervix becomes soft and will start to efface (thin out).

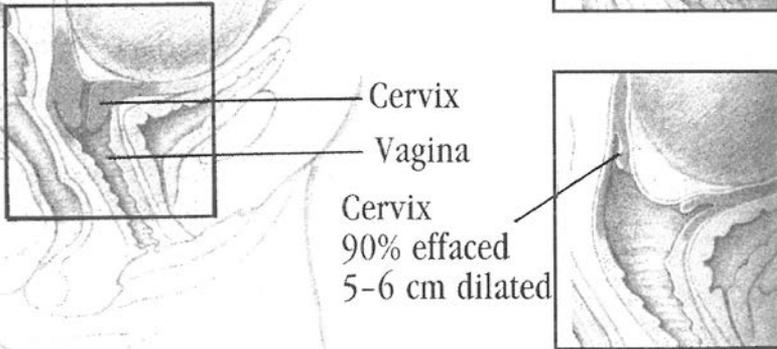
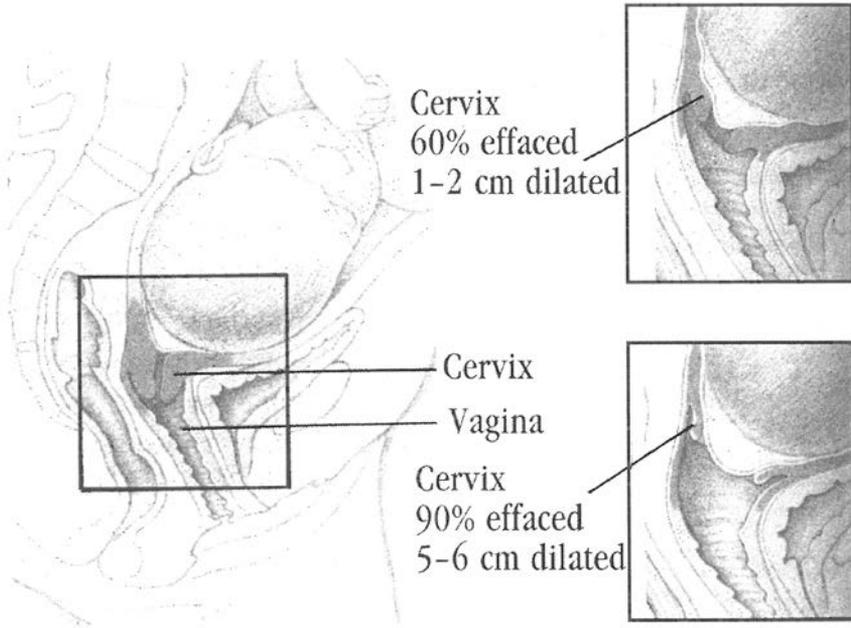
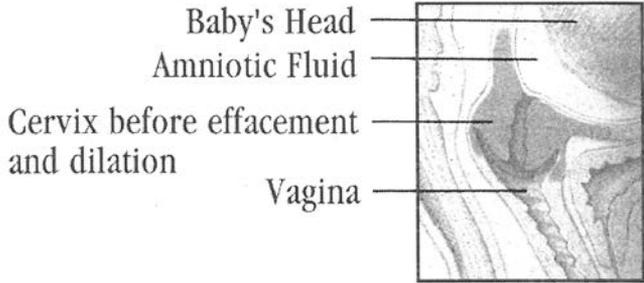
**Effacement:** During pregnancy your cervix is about 3 or 4 cm long. During labour and sometimes a few weeks before labour starts, your cervix will start to shorten. This shortening or thinning of your cervix is called effacement. The more effaced your cervix is, the more ready it is for labour. Your cervix will continue to efface during labour.

**Dilatation:** This is when your cervix opens. In some women the cervix can start to dilate before labour begins.

**Post Term (post mature, prolonged, post dates):** When your pregnancy has continued ten or more days past your due date (to 41 weeks +3 days or more).

# ***What is induction of labour?***

Induction of labour is when labour is started by artificial methods.



## ***Why would I need an induction?***

There are several reasons why your care provider may want to induce your labour but **the decision to induce your labour will be based on the health benefits for you and your baby.** Your care provider will discuss this with you so you can make an informed decision about the induction and what is best for you and your baby. Ask your care provider any questions or voice any concerns you may have.

The most common reason for inducing your labour is a post- term pregnancy. When your pregnancy goes past your due date the placenta ages and may not work as well. This may result in difficulties for your baby and is the reason why your care provider will discuss inducing your labour with you.

Your care provider will schedule your induction with the Maternity Unit. You will be called by a nurse from the Maternity Unit who will tell you when to go in. Your admission to the birthing unit will depend on how many other mothers are already in the birthing unit and are in labour. A wait of one or two days is not unusual unless your condition is medically urgent.

### **Other reasons why your labour may need to be induced:**

- Blood pressure problems.
- Your waters have been broken (ruptured membranes) for more than 24 hours, you are Group B Strep negative and your labour has not started.
- Your waters have been broken (ruptured membranes), you are Group B Strep positive and your labour has not started.
- Your baby's growth has slowed down.
- You are diabetic.
- You have a medical or pregnancy complication.
- There are complications with your baby.

## ***What are some reasons against an induction?***

- Your due date is uncertain.
- There is concern about the baby's heart rate.
- The baby is in the wrong position (breech or transverse).
- The baby's cord is coming first.
- The placenta is too close to, or covering the opening of the cervix (low lying placenta or placenta previa).
- You have had a previous classical (up and down) incision on your uterus.
- You have active genital herpes lesions.
- You, the mother, refuse the procedure.

## ***Where will the induction take place?***

An induction for an uncomplicated pregnancy will take place in a private room in the Maternity Unit at PRH. This is called an outpatient induction and means you will be able to go home after the medication has been given and you and your baby are doing well. You will return for re-assessment and a second dose of medication if needed. Your nurse will give you the information and instructions you need before you go home. When you are in labour you will be admitted to the Maternity Unit to labour and have your baby.

All other inductions will take place in the Maternity Unit and are called inpatient inductions.

The different methods of inducing your labour will be discussed later on in this booklet.

## ***Why does my care provider need to examine my cervix before inducing my labour?***

The condition of your cervix is the most important factor for a successful induction. Your care provider will need to know how ripe (or ready) your cervix is for labour.

Trying to induce labour when your cervix is not ready can result in a long, hard labour, an unsuccessful induction or the need for a cesarean section.

If your cervix is unripe, the doctor may insert a cervical foley or you will be given a prostaglandin medication called Cervidil. This medication will start to prepare your cervix for labour.

## ***How is labour induced?***

The method used to induce your labour will depend on the condition of your cervix and whether or not you are having contractions when you are examined. Your baby's heart rate will be checked for a minimum of 20 minutes, using a fetal heart monitor, before your induction is started.

**The different types of induction are:**

### **1. Membrane Sweeping**

Your care provider may suggest sweeping your membranes to try and start your labour. This method of induction may reduce the need for the use of a more formal method of inducing your labour. It is usually done in your care provider's office during a regularly scheduled appointment.

### **How is it done?**

During a vaginal exam, your care provider will insert a gloved finger into your cervix to loosen the membranes around your cervix. This can be done **after 38 weeks of pregnancy** to stimulate labour.

### **What can I expect?**

Many women report more discomfort during the procedure than they feel during a usual vaginal exam. You may have some bleeding or spotting after the procedure.

There is a risk of your membranes breaking during the procedure; however there are no other risks to you or your baby.

## 2. Prostaglandin Induction

Prostaglandins are hormones which help to start labour by helping the cervix to ripen. At Pembroke Regional Hospital the decision to use prostaglandin is dependent on how ripe your cervix is when you are examined before your induction is started.

### \*Cervidil Induction

Cervidil looks like a small flat tampon with a long string attached at one end for easy removal.

### How is it used?

During a vaginal examination, your care provider will place the Cervidil in the back of your vagina, behind your cervix.

This can be more uncomfortable than a regular vaginal exam, but it should only take about a minute to place the Cervidil in the correct position. The Cervidil will start to slowly release the medication (prostaglandins) when it is in place.

The nurse will put the fetal monitor on your abdomen to check your baby's heart rate and to check for contractions. You will remain in bed for an hour so you and your baby can be monitored.

**If you are having an outpatient induction** you and your baby will be monitored for an hour after you get the Cervidil. As long as you and your baby are doing well, the monitor will be removed and you may wait in the waiting room or go for a walk for another hour and then return to the room for assessment.

Your baby's heart rate and your contractions will be checked again and if your baby's heart rate is normal and you are not contracting you will be able to go home. Your nurse will give you all the information and instructions you need and answer any questions you have before you go home. You can call the Maternity Unit at any time if you have any questions or concerns. The nurse will arrange timing for telephone follow-up calls with you before you leave the hospital

## **What can I expect?**

You may have some backache, menstrual-like cramping, mild contractions or pink vaginal discharge. Sometimes your contractions can be too close together. If this happens call the Maternity nurse and let her know how often you are contracting. The Cervidil may need to be pulled out and you may need to come back to the Maternity unit to be checked.

If you do not go into labour in the 24 hours after the Cervidil has been put in place, you will return to the Maternity unit. Your care provider will examine your cervix again and if it has not changed you will receive another Cervidil. You will be monitored as before and then you will be able to go home.

If you do not go into labour in the 24 hours after your second Cervidil you will return to the Maternity Unit and options will be discussed.

- You may be admitted and a different method of induction, either intravenous oxytocin or by having your waters broken (artificial rupture of membranes or ARM) may be used.
- Your induction may be rescheduled for another date.

## **3. Foley Catheter Induction**

During this procedure a foley catheter is placed in your cervix so that the balloon at the end of the foley catheter will rest above your cervix. The balloon is filled with sterile water. The weight of the balloon on your cervix will help your cervix to open.

### **How is it done?**

During a vaginal examination your care provider will use a speculum to look at your cervix. The doctor will slide the Foley catheter (tube) into your cervix and the balloon at the end of the foley catheter will be filled with sterile water. This will stretch your cervix. The stretching of your cervix should help your body start to labour. The other end of the catheter will hang out of your vagina.

The Foley catheter will be left in place for about 12 hours. It will usually fall out on its own as your cervix begins to dilate.

### **What can I expect?**

Having the foley catheter put in your cervix and the physical weight of the balloon on your cervix can be uncomfortable, but the risk of your contractions being too long or frequent is minimal. If you require pain medication, it can be ordered by your health care provider.

Many women have some cramping immediately after the Foley catheter has been put in place.

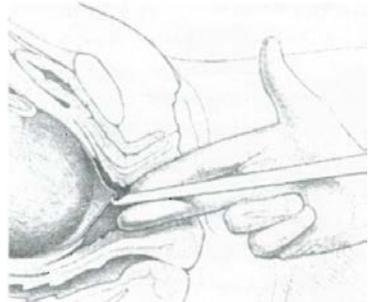
The Foley catheter can be used 30 minutes after Cervidil has been removed or intravenous oxytocin has been stopped. Most women go home after the catheter is inserted and then return when labour has become established or at a time preplanned with the health care provider.

## **4. Amniotomy (Artificial rupture of membranes)**

Your care provider breaks your waters by making a hole in the membrane that holds the amniotic fluid. This is also Artificial Rupture of Membranes or ARM.

### **How is it done?**

Your care provider will do a vaginal examination to make sure your baby is in a good position. Then he or she will break the membranes with a dull plastic hook. You may feel some discomfort during the examination and procedure. It will not hurt your baby. You will feel a gush of warm fluid coming from your vagina. Your nurse will check the colour of the amniotic fluid and listen to your baby's heart rate.



### **What can I expect?**

Having an ARM should make your contractions start or become stronger and come more often. If your labour does not start or progress, your care provider will recommend that oxytocin be started. It is normal to continue to leak fluid from your vagina until your baby is born once the membranes have been ruptured.

There is a very small risk that the umbilical cord could slip in front of your baby's head when your waters are broken.

If the umbilical cord does slip in front of your baby's head, it is an emergency for your baby, and will mean a cesarean birth will be have to be done immediately.

There is a slightly higher risk of infection for you and your baby after an ARM. This risk increases with long labours and frequent vaginal exams.

### **5. Intravenous Oxytocin**

Oxytocin is similar to the hormone your body produces. Oxytocin is one of many factors which cause labour to start and progress.

#### **How is it used?**

Your nurse will start an intravenous drip or infusion (IV) in your hand or arm. The oxytocin infusion will be put on a special pump and connected to your IV line. The pump controls the amount of oxytocin you are given. Your nurse will start the oxytocin at a low rate. She will increase the rate slowly until you are in active labour. Your nurse will check your blood pressure and pulse regularly and feel (palpate) your uterus to check for contractions. Your nurse will also monitor your level of discomfort and support you during your labour. Your baby's heart rate and your contractions will be monitored using a fetal monitor until your baby is born. You will be able to walk around providing you and your baby are well.

## **What can I expect?**

As with Cervidil, the contractions may be stronger and more frequent than they would be in spontaneous labour (labour which starts on its own). This can increase the chance of you needing medications for pain relief. If the contractions are too close together or if the baby starts to get tired, your nurse might have to stop or reduce the amount of oxytocin you are getting. If this happens, she will let your care provider know and you might need medication to relax your uterus and stop the contractions.

## ***How long can it take before my labour starts?***

How you respond to the method of induction chosen for you will depend on:

- How many weeks pregnant you are at the time of your induction.
- The reason for your induction.
- The readiness of your cervix for labour.
- If this is your first pregnancy.

Sometimes labour will start after only one dose of Cervidil. Most women require more than one dose of medication as well as intravenous oxytocin to start their labour. It usually takes between 12 and 24 hours to start labour. It can take as long as 48 hours.

When you are admitted to the hospital for your induction make sure you bring something to read or do such as books, magazines, cards, movies etc. This will help to pass the time while you and your partner wait for labour to start. Changes in your activity are important and will help your labour start and progress. Remember what you have learned in your prenatal classes!

## ***What is the success rate of inductions?***

Inductions do not work for everyone. Each woman responds differently to the induction process. This is why some women may need more than one method of induction to start their labour, or a different type of induction than the one originally chosen for you by your care provider.

An induction can be much easier if you have had a vaginal birth before.

If the induction does not work, and you and your baby are both healthy, you may be able to go home and come back in a day or two to try again. This will depend on the reason for your induction. You will need to discuss this with your care provider.

If your care provider feels it is important for your baby to be born, you may need to have a cesarean birth. Your care provider will discuss this with you. Remember to ask questions. This is your baby, your body, and your birth experience.

## ***What are the risks of induction?***

If this is your first baby you have a higher risk of having a cesarean birth than if you go into spontaneous labour.

There is often an increased need for pain medication when labour is induced.

It is important to remember that most induction of labour go very well for both mother and baby. The nurses and your care provider are here to support you during your labour and ensure the successful birth of your baby.

## ***What will happen when I am admitted to the Obstetrical Unit?***

Your nurse will:

- Ask you some questions about your health, this pregnancy, previous pregnancies and your birth plans.
- Measure your blood pressure, pulse, temperature, and respirations.
- Listen to your baby's heart rate.
- Feel (palpate) your abdomen to see if you are having any contractions.
- A lab technician may take some blood to check your hemoglobin and blood type, and keep some blood on hold in case it is needed during your delivery or stay.

## ***What to Expect Once I Am Admitted?***

Being in labour is an exciting time but it is also very tiring and demanding of your energy and concentration. For these reasons as well as patient safety, you will be allowed to have a maximum of 2 support people of your choice with you during the labour process. It is often a good idea to have one person selected as your “information coordinator” to keep your family and friends up to date on your labour progress without having a large crowd waiting at the hospital throughout your labour. This provides you and other patients with adequate privacy while allowing the nursing staff to provide you with their full attention in order to provide a safe and memorable delivery of your newborn.

Maternal Child Care visiting hours are from 11:00 a.m.to 8:30 p.m. daily with a suggestion of two visitors at a time.

## ***Important Telephone Number***

Maternal Child Care Unit: 613-732-3675 extension 6438

# ***What To Bring With Me To The Hospital?***

## **FOR MYSELF:**

- 2-4 nightgowns or pyjamas / tops
- Lightweight housecoat or robe
- 5-6 comfortable underwear
- 2-3 comfortable pants
- Cardigan / sweatshirt
- Slippers
- Toiletries / makeup
- Phone / iPad/ Camera /charger
- PEN for form completion
- Notepad for info taking and question asking
- Regular bra

## **If breastfeeding:**

- Nursing bras
- Nursing pads and cream
- Nursing pillow
- Breast pump

## **FOR BABY:**

- Car Seat (must have to go home!)
- 4-5 sleepers
- 4-5 receiving blankets
- Going home outfit, including hat
- Warm blanket for car seat cover
- Pacifier (if you wish to use one)

## **FOR PARTNER:**

- Clothes for duration of stay
- Slippers
- Toiletries
- Phone & charger
- Camera & charger
- PEN for form completion

*Adapted from: The Ottawa General Hospital, Induction of Labour Guide (November 2011).*

## **Disclaimer**

This is general information developed by The Ottawa General Hospital/Pembroke Regional Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.