Induction of labour

Your treating physician has told you that your delivery will be induced, as well as why. You undoubtedly have questions. This folder provides information about the course of events for an induced birth.

What is "induction of labour"?

Induction of labour is the artificial triggering of contractions. The gynaecologist or midwife will consider induction if they feel it is better for the baby to be born earlier than to wait for labour to start spontaneously. Induction is always carried out in the hospital under the supervision of the gynaecologist. If you are induced, the birth will continue spontaneously at some point and will usually progress naturally. There is a risk of prolonged labour, as it can take longer for induced labour to get started than for spontaneous labour.

Under certain circumstances, it is also possible to be induced (breaking the waters artificially) at home by your own midwife.

If you have any objections to induction, please discuss them with your midwife and/or gynaecologist. There are alternatives in some cases, such as carefully monitoring your baby's condition while you wait for labour to start on its own.

Why is induction of labour necessary?

Your gynaecologist will recommend induction of labour if they feel that the situation is more favourable for your baby outside the womb than inside. Labour is induced when your baby is still in good condition and is expected to be able to endure normal childbirth.
Any health issues you may have can also be a reason to induce labour.

A few common reasons for induction include:

- being overdue;
- your waters have broken but your labour hasn't started yet;
- intrauterine growth restriction;
- the placenta is no longer functioning properly;
- other reasons; a twin pregnancy, high blood pressure, pre-eclampsia

Being overdue
You are overdue if you have not given birth one week after your due date, at 41 weeks. Your gynaecologist or midwife will assess the amount of amniotic fluid using an ultrasound.

They will also use an electronic fetal monitor (EFM) to register your baby's heart sounds. They will explain the pros and cons of waiting or inducing labour.

Your waters have broken but your labour hasn't started yet
Your waters breaking can often be the first sign of the beginning of labour. In some cases, your waters may break but labour does not start within 24 hours. You may still go into labour naturally after that. If you have not gone into labour within 24 hours of your waters breaking, it is advisable to deliver in the hospital, due to the slightly increased risk of infection.

We recommend inducing labour if it has not started after two days (see brochure: Your waters have broken but your labour hasn't started yet). If your waters break before 37 weeks, it is common to wait with induction until 37 weeks, as long as there are no signs of infection.

Intrauterine growth restriction
If your gynaecologist or midwife suspects that your baby is too small, they will use an ultrasound to confirm their suspicion. Low levels of amniotic fluid can be a sign that your baby is small or too small. If necessary, they may also assess your baby's condition using an EFM, which registers your baby's heart sounds. Your gynaecologist will explain the pros and cons of waiting or inducing labour.

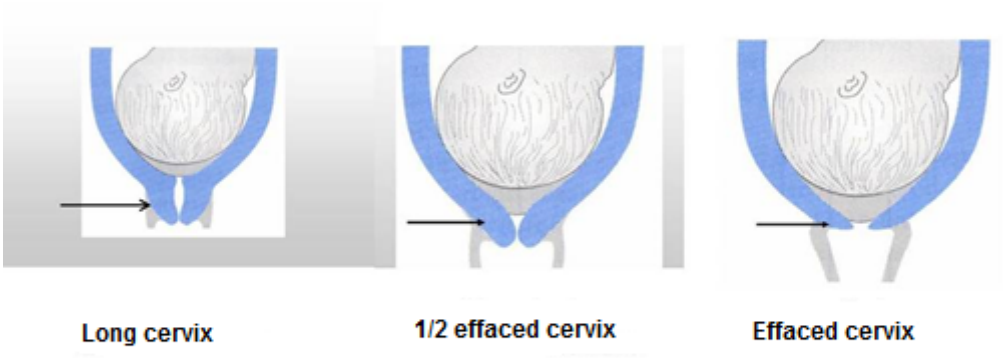
The placenta is no longer functioning properly
Your baby receives nutrients and oxygen through the placenta. If you have high blood pressure or diabetes during pregnancy, the placenta may stop functioning properly. If it is better for the baby to be born at that time, your gynaecologist will recommend inducing labour.

Other reasons
There are many other reasons to induce labour. These could be related to the progression of a previous pregnancy or to additional problems during the current pregnancy, such as high blood pressure or diabetes. A twin pregnancy can also be a reason to induce labour.

How is labour induced?

The chosen induction method depends on the ripeness of the cervix and the progression of any previous births. Your gynaecologist or midwife will carry out a vaginal examination to assess the ripeness of the cervix.

- An unripe cervix still feels long and firm. This is called a long cervix. There is usually no dilation at this point.
- The cervix is ripe when it is soft, supple and slightly open. This is called an effaced cervix. There is often some dilation at this point.



Ripeness of the cervix

Labour can be induced in several ways

Induction with misoprostol

In case of an immature cervix, the induction is started by administering misoprostol tablets. Please call the maternity suites on (040) 888 95 51 at 06:30 to make sure there is a suite available. If one is available, you will be expected at the hospital by around 07:00. The EFM will be hooked up to register your baby's heart sounds. You will be administered misoprostol in tablet form every two hours, up to six times in 24 hours. If the cervix has not matured after 48 hours, you will be given the drug through the vagina. This happens a maximum of three times per 24 hours. If the cervix has still not ripened, we will discuss other options with you, such as one or more days of rest, continuing with another form of induction or performing a caesarean section.
Possible side-effects of misoprostol include: gastrointestinal complaints and raised temperature.

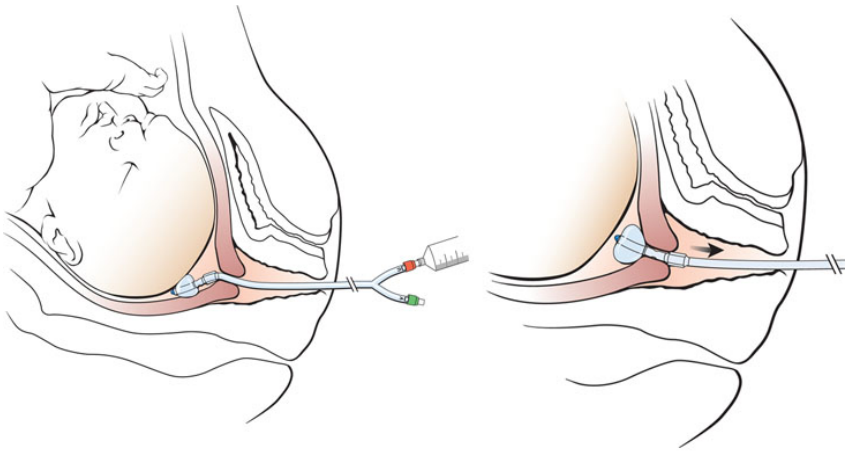
Induction with Foley catheter

Sometimes the induction of labor can begin with a balloon catheter (so-called “Foley” catheter). A balloon catheter is a thin, flexible tube with a balloon at one end which can be filled with water. The catheter is inserted into the cervix. The balloon catheter is used to ripen the cervix, after which we can break the waters.
You will get a call the day before. You will get an appointment for the maternity suites. The balloon will be placed in the afternoon or evening. You will be expected in the maternity at the agreed time.

Before inserting the balloon catheter, we check the baby's heart sounds with an EFM to assess your baby's condition. We will continue to monitor the heart sounds for thirty minutes after inserting the balloon catheter.
The insertion may feel unpleasant. Once the catheter is in place, you won't feel it anymore. After insertion, an ultrasound is used to check whether the catheter is in the right place.

The balloon catheter does two things:

1. The balloon stimulates the release of natural substances which promote cervical ripening.
2. The balloon creates pressure, which causes dilation.



Insertion of the balloon catheter

You may experience vaginal blood loss after insertion of the balloon catheter.

Once the balloon catheter is in place, you will usually be able to sleep at night; if you cannot sleep, you can request a sleeping tablet. It will be agreed with you whether you will go home or sleep in the hospital after the balloon catheter has been placed. If you are admitted, your partner can also stay overnight.
We will arrange a time with you at which we will start the treatment the next morning; showering, EFM assessment, insertion of the drip, breakfast.

To ensure that the process runs smoothly, we aim to perform a vaginal examination and, if possible, break the waters before 09:00. If the waters cannot yet be broken, you will get misoprostol. You will be assessed again after six hours.

The balloon will normally remain in place for 36 hours.
If the balloon has not had the desired result after 36 hours, it will be removed and the gynaecologist will discuss further treatment with you.

Breaking your waters artificially
The cervix must be ripe in order to break the waters. Before the breaking the waters, you will be given an IV. The waters are broken by making a small scratch on the membranes. The pressure of the amniotic fluid causes the membranes to open further. You will feel the warm amniotic fluid drain out. A wire (scalp electrode) will usually be placed on your baby's head immediately to monitor the heart sounds as accurately as possible.
After your waters break, your body will produce a hormone that triggers contraction activity. If there is insufficient contraction activity after one hour, we will trigger contractions with an IV.

IV with uterine stimulants
If your waters have broken or you are being induced because your waters have been broken longer than 24 hours, you will receive an IV with oxytocin. This helps the contractions to start.

Membrane stripping
An option to trigger labour without induction is membrane stripping. During a vaginal examination, your gynaecologist or midwife separates the membranes from the cervix with their fingers. This can be painful. Some blood loss is normal after stripping, and is harmless. Your gynaecologist or midwife can only strip the membranes if the cervix is ripe.
There is nothing you can do yourself to initiate labour.

What will the induction period be like?
If you have an appointment for induction of labour, please call the maternity suites on the day of your appointment **(040) 888 95 51**.
You will then be notified at what time you are expected in the maternity suites.

If all the maternity suites are occupied, it may be necessary to postpone an induction for a few hours or a day.

Upon arrival in the maternity suite, the midwife will check your blood pressure, heart rate and temperature. The midwife will also ask you some questions about the progression of the pregnancy, the preparations for the birth, allergies and the use of medication. The midwife will then hook you up to the EFM.

For general information regarding childbirth, please see the brochure *Giving birth at MMC*.

How will the birth proceed?
After inducing labour and breaking the waters, the rest of the birth is usually the same as a normal delivery. The contractions will slowly become more intense and more painful. You will usually have the freedom to cope with the contractions in your own way; lying or sitting in bed, sitting in a chair, standing next to the bed, under the shower or in the bath.
Your baby's condition will be continuously monitored with an EFM during delivery. The riper the cervix, the quicker it dilates, in most cases. If the contractions become too painful, you can ask for pain relief.

Undesirable effects and complications

Complications can occur with any delivery, whether it is induced or not. The following are a number of complications that may occur with induced labour.

Prolonged labour

If labour is induced before the cervix is ripe, there is a greater risk of prolonged labour. It can take a while for the birth to start. The birth has started when the cervix is dilated and the waters can be broken. A caesarean section may be necessary in some cases.

Hyperstimulation

Hyperstimulation is when there are too many contractions too soon after each other. If this lasts too long, the baby is at risk of oxygen deprivation. Hyperstimulation can usually be treated by switching the IV pump to a lower setting. In some cases, it may be necessary to administer a contraction-inhibiting drug. This will cause the contractions to return to their normal intervals.

Most inductions proceed without complications, and the risks of an induced delivery are no greater than those of a normal delivery. However, it is necessary that the induction is carried out under proper supervision and guidance.

In closing

Complaints

Please report any complaints to us. This will allow us to respond to it quickly. We consider it an opportunity to improve our care for you and our other patients. If we cannot work it out together, you can contact the hospital's complaints officer.

Questions

If you have any questions after reading this brochure, please contact the gynaecology outpatient clinic by phone on (040) 888 83 80.