



## BASIC INFORMATION

### DEFINITION

Induction of labor is the use of artificial means to start the childbirth process. If labor hasn't started on its own, certain medicines or breaking the bag of waters (amniotomy) can help a woman's labor begin so that she can deliver her baby vaginally. Inducing labor may be advised for a variety of medical reasons. It sometimes can take 2 or 3 days to induce labor, but usually takes less time. It often takes more time if labor is induced quite early or when it's a first baby. Discuss the possibility of inducing labor and the methods with your obstetric provider during your prenatal visits.

### REASONS FOR PROCEDURE

- Most common reason is that the pregnancy has gone 2 weeks or more past the due date.
- Water breaks before you go into labor.
- You have high blood pressure.
- You have a serious infection.
- Diabetes.
- Kidney disease.
- Infection of the amniotic sac.
- Poor growth of the baby.
- Rh incompatibility between the mother and the baby.
- Abnormal fetal heart rate patterns.
- Separation of the placenta (abruption).
- Mother or baby has chronic medical problems.
- Logistical reasons (for example, you live too far from a hospital and you have a history of fast labor).
- Psychosocial reasons.
- Death of the baby before birth.

### RISK INCREASES WITH

- Mother's cervix that is not thinning or dilating.
- Amniotomy cannot be done safely if the cervix is not dilated or if the baby's head is too high in your pelvis.
- Immaturity of the baby's lungs.

### DESCRIPTION OF PROCEDURE

- Labor is induced at the hospital. The most common ways to induce labor are amniotomy or medicines (oxytocin, prostaglandin gel, misoprostol or other prostaglandins).
- Amniotomy is a procedure that is no more painful than a normal vaginal exam. A special hook instrument is used to make a hole in the amniotic membrane. This membrane holds back the bag of waters. When it is torn (ruptured) and the amniotic fluids start coming out, uterine contractions usually start. Rarely, contractions may not start and then medicine may be required to induce labor.
- Labor may be started by giving you intravenous oxytocin (a brand name is Pitocin). Oxytocin is a natural hormone that makes the uterus contract. The baby's heart rate will be checked. Then a very low dose of oxytocin will be started. A monitor measures your contractions. Oxytocin will slowly be increased until the contractions reach the desired strength and frequency and the baby is born. If you start contracting well enough on your own, the medication may be decreased or

shut off. Some women experience more pain with oxytocin than without. Pain medicine can help if needed.

- Labor may be started by use of prostaglandin gel (an ointment in the vagina). This is often used when the cervix is thick and undilated. A suppository or tampon-like substance will be placed in or near your cervix during a vaginal exam. The gel helps soften the cervix so that the cervix will thin and dilate faster. Frequently, the gel is used before intravenous oxytocin to help the oxytocin work faster and more efficiently.
- Labor may be started with misoprostol—a pill that can either be ingested orally or placed near the cervix. It is used more often when the cervix is not soft and dilated. It may require the use of oxytocin or other means in addition. It can cause a very rapid labor.
- Inducing labor with prostaglandin preparations is not recommended for women with previous uterine surgery, certain types of prior cesarean sections and some fetal risk factors.
- In some cases, a woman may be given cervical ripening medicines as an outpatient prior to labor induction.
- Monitoring of your contractions, your blood pressure, how well your cervix is dilating, and your baby's heart rate will be done during induction of labor.

### EXPECTED OUTCOME

In most cases, labor induction goes well and you can deliver your baby vaginally.

### POSSIBLE COMPLICATIONS

- Abnormal fetal heart rate from contractions that are too strong or frequent, or from a squeezing (compression) of the umbilical cord.
- Separation of the placenta from the uterus (abruption) if contractions are too strong.
- Damage to the uterus (e.g., a tear or rupture).
- When complications occur, the obstetric provider may deliver the baby by cesarean delivery. If the baby is very far down the birth canal and the cervix is completely dilated, forceps or vacuum suction may be used to deliver the baby vaginally.
- If your labor is induced because of medical problems, there may be other risks.



## POSTPROCEDURE CARE

### GENERAL MEASURES

Post delivery care is the same as with any vaginal delivery.

### MEDICATION

Usually, no medication is required after delivery.

### ACTIVITY

Restrictions are the same as with any vaginal delivery.

### DIET

No special diet.



## NOTIFY OUR OFFICE IF

You or a family member wants additional information about induction of labor.