



Risks of an induction

- There is a chance that misoprostol can overstimulate the uterus causing too many contractions. This can sometimes result in stress to your baby and require medication to relax the uterus.
- The amount of time your induction takes may make a difference to the type and amount of pain relief you require. It may also mean you are unable to walk around freely or use a birthing pool. It may affect where you birth.

After your cervix becomes ready for induction (usually softer, thinner and dilated) you may require Syntocinon (oxytocin) to ensure good, regular, strong contractions. You and your baby will be monitored continuously.

There is a chance the induction may not work to start labour. If this happens, your LMC and a doctor will discuss the options with you, so you can make an informed decision about either continuing with the induction using a different method, or delivering your baby by Caesarean.

Need more information?

These websites have accurate and current information which you may find helpful.

National Women's Health

nationalwomenshealth.adhb.govt.nz

Maternity Consumer Council

www.maternity.org.nz

New Zealand Ministry of Health: Induction of Labour in Aotearoa

www.health.govt.nz/publication/induction-labour-aotearoa-new-zealand-clinical-practice-guideline-2019

New Zealand Ministry of Health: Inducing labour, pain relief, and help during birth

www.health.govt.nz/your-health/pregnancy-and-kids/birth-and-afterwards/labour-and-birth/inducing-labour-pain-relief-and-help-during-birth

Cochrane Library

You can search for induction research papers
www.thecochranelibrary.com

Te Whatu Ora

Health New Zealand

Te Toka Tumai Auckland

Classification number: WH022 (Reviewed: Sept-23)
Women's Health Information Unit hiws@adhb.govt.nz

Te Whatu Ora
Health New Zealand

Induction of Labour

Why has an induction been recommended for me?

Induction has been offered because continuing with the pregnancy may cause risks to your health or your baby's health. These are some of the common reasons for induction:

- Your waters have broken prior to labour starting
- You have had diabetes or high blood pressure during your pregnancy
- You are overdue, 41 weeks or more
- Your baby is not growing well or is small for dates
- There are concerns about your baby
- Your age, if you are over 40

What can be done to try and reduce the need for induction?

A 'stretch and sweep' or 'membrane sweep' may be done before or during the induction to encourage labour. It is a vaginal examination where the LMC or doctor inserts a finger through the cervix, if possible, separating the membranes from the uterus without breaking them.

You can learn more in this video, Membrane Sweep, uploaded by BHRUT Maternity Services: <https://youtu.be/GOqJdysn1g>

Can my family be involved?

Yes, your partner and family/whānau are welcome to be involved. If you bring your children, it is important you have someone here to look after them, other than yourself or your partner.

What to expect

Induction is usually planned in advance. You will be able to discuss the advantages and disadvantages with your LMC and a doctor. The process of induction can be different for everyone. Most women will have their babies within 24 hours, for others induction may take 2-3 days.

We aim to keep to your booked date and time for induction, but occasionally it could be delayed or postponed. We appreciate your understanding if this occurs.

What happens during an induction?

During your induction your baby's heart beat will be monitored with a Cardiotocograph (CTG) machine. You will also have an IV line (a drip) inserted in your hand or arm. This will remain in place until after your baby is born.

Methods used to induce labour

Oral misoprostol (prostaglandin) is a medication solution you drink. It is used to soften and start to open your cervix (opening of your womb). When you first arrive we will check on your baby by monitoring its heartbeat. Then we will offer you a vaginal exam, if you haven't had one within the last 2 days. You will have your first dose and then your baby will be monitored again for about half an hour.

About every 2 hours we will assess your contractions, check baby's heart rate and then you will take the next dose of misoprostol. This process is repeated until you are in labour or until you have had a maximum of 8 doses that day. If labour has not started after 8 doses you will be able to rest until the next day when the process will start again. Labour may still start overnight so rest while you can through the day. A midwife will be there to answer your questions during the induction process.

Balloon catheter is a small soft plastic tube is inserted through the cervix and a tiny balloon is inflated. This puts pressure on the cervix and gradually releases natural prostaglandins. The balloon is usually left in place for 12-18 hours – you can go home during this time. You will receive information about what to do if contractions start, or the waters break, or the balloon falls out early.

Artificial rupture of membranes is when the waters are artificially broken with a tiny hook during a vaginal examination. This can only be done if the baby's head is low and the cervix is open enough.

Syntocinon (oxytocin) is a hormone which mimics one of your own natural hormones. It is given through your IV line in small amounts until contractions become strong and regular.

ARM Trial

We are performing a research trial to see whether it is better to break the water at the start of the induction of labour or later in the process. Both are safe and effective. Speak to your LMC or doctor to see if you are able to participate. See the ARM website for more information: www.arm.auckland.ac.nz