

Risks of an induction

- 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.
- A small number of women experience vaginal irritation from the prostaglandin gel
- There is a chance that prostaglandin gel can overstimulate the uterus causing too many contractions. This can sometimes result in stress to your baby and require medication to relax the uterus.
- After your waters break you may require Syntocinon to ensure good, regular, strong contractions. You and your baby will be monitored continuously.
- There is a chance that Syntocinon can overstimulate the uterus and sometimes this can stress your baby. This can be a serious complication, especially if you have had a previous caesarean section.
- Induction can be more painful than spontaneous labour.
- An epidural for pain relief is more commonly used in women having an induction.

- There is an increased risk of needing an assisted delivery with ventouse or forceps, or a Caesarean.

There is a chance the induction may not be successful. 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 or delivering your baby by Caesarean.

Need more information?

The Auckland DHB National Women's Health website has accurate and current information which you may find helpful: nationalwomenshealth.adhb.govt.nz

- Maternity Consumer Council
www.maternity.org.nz
- National Institute for Health and Clinical Excellence (NICE)
www.nice.org.uk
- Cochrane Library - You can search for induction research papers
www.thecochranelibrary.com
- National Health Service UK
www.nhs.uk/conditions/pregnancy-and-baby/pages/induction-labour.aspx

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Induction of Labour

What is induction of labour?

The process of using drugs or other methods to encourage labour to start rather than waiting for it start naturally.

Induction can take some time. This leaflet will explain what to expect, the risks and benefits of an induction to help you make an informed choice.

It is important to us that the care you receive considers any religious, ethnic or cultural needs you may have.

Time and date of your induction:

Place:

Why has an induction been recommended for me?

Induction has been offered because continuing with the pregnancy may cause risks to you 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, high blood pressure, or serious bleeding during your pregnancy
- You are overdue, more than 41 weeks
- Your baby is not growing well or is small for dates
- There are concerns about your baby (e.g. low fluid around the baby, fewer fetal movements)
- Your age, if you are over 40

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

A **stretch and 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:
www.nhs.uk/video/Pages/what-is-a-sweep.aspx

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 two to three days.

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

Can my family be involved?

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

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.

There are a range of methods that can be used to induce your labour, including:

- **Prostaglandin gel** – A hormone gel placed in the vagina which works to soften and open the cervix. It often works slowly and you may need more than one dose if this is your first baby. In a 24 hour period two or three doses of gel may be needed. Some women may experience painful tightening as a result of the gel.
- **Balloon catheter** – A small soft plastic tube that is inserted through the cervix and a tiny balloon is then inflated. This puts pressure on the cervix. The balloon is usually left in place for up to 24 hours. If contractions start, or the waters break, the balloon may fall out before it is due to be removed. Let your LMC know if this happens.
- **Artificial rupture of membranes** – 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** – 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. It is usually given after the waters are broken.



www.rcm.org.uk/content/cervical-ripening-balloon