

INFORMATION ON INDUCTION OF LABOR

Sometimes it is necessary to help a woman to start her labor using artificial methods. This is called induction of labor.

What is an induction of labor?

In most pregnancies, labor starts by itself between 37 and 42 weeks, leading to the birth of a baby. Labor is 'induced' when doctors and midwives encourage the process of labor to start artificially.

Why is induction recommended?

The most common reasons for induction of labor are:

- pregnancy has gone longer than 41 weeks
- baby is not growing well
- mother has specific health issues, like high blood pressure or diabetes

Are there any risks?

There are risks associated with induction. Inducing labor (also called 'an induction of labor') is associated with spending a longer time in the hospital, increased likelihood of using pain medications, and possibly an increased chance of birth by cesarean or with a vacuum/forceps. An induction of labor does not cause these things to happen, but is associated with labors that are induced versus when labors start by themselves. We consider the risks and benefits together when planning to induce labor.

There are also risks associated with continuing your pregnancy when an induction has been recommended.

Before you make a decision, your doctor or midwife will explain the risks of having or not having an induction.

How is labor induced?

There are four different tools that can be used during an induction of labor:

- prostaglandin medications
- a balloon catheter
- artificially breaking the water
- pitocin

Many inductions of labor require a combination of these methods.

What happens on the day of an induction?

When you arrive at the Family Birthplace you will be admitted, shown to your labor room, and a nurse will take care of you by listening to your baby's heart rate, reviewing your health history and placing an IV access port in your arm. A vaginal examination is then needed so you and your provider can discuss which method may be the best fit for you to start the induction process.

How long will it take?

The number of hours from the time you arrive at the hospital to the birth of your baby varies a lot. It usually takes several hours and sometimes several days. The amount of time is difficult to predict but depends on how an individual person's body responds to the induction methods, whether or not it's your first labor, and several other factors. We want to keep you involved and informed throughout an induction and will make decisions together. Once the induction has started, you can walk around but you do not typically leave the hospital building.

Can you change your mind after induction has started?

Once induction has started, it is expected to continue until your baby is born. In some cases, if the induction is not working and we have tried all safe options, we will discuss whether or not you should go home pregnant to wait for spontaneous labor, return to try induction again another day, or sometimes a cesarean delivery (a "C-section") may be recommended.

Will it be more painful than natural labor?

Every labor is different. For some women an induced labor is more painful than a labor that starts on its own, however this is not true for all women. Methods of coping with pain are available during an induced labor, including walking, position changes, use of a birth / exercise ball, using the bathtub or shower, nitrous oxide gas, IV pain medication and/or an epidural.

Will it work?

Sometimes induction does not work and you may not go into labor. If this happens and all safe options have been tried, you may need a C-section or, depending on the circumstances, to consider going home still pregnant.

Methods of induction

The method of induction used will depend on how ready your cervix (the opening of your uterus/womb into your vaginal/birth canal) is for labor to begin. Your doctor or midwife will do a vaginal examination to check your cervix and then discuss which method is most appropriate for you.

If your cervix is not ready for labor, you may need 'ripening'. Ripening helps to prepare your cervix for labor and can be done by using either a balloon catheter or prostaglandin medication.

These methods help to prepare your cervix for labor but do not usually make labor start.

Ripening can take from 6 to 48 hours. Once your cervix is ripe/ready/dilated, you may need:

- your water to be broken and/or
- pitocin, a medication that causes contractions.

Prostaglandins

Medications that come in the form of tablets. They can be inserted into your vagina or swallowed. They help soften the cervix and help prepare it for the next stage of labor.

When using prostaglandins, we need to monitor your contractions and baby's heart rate with round plastic discs that are held against your abdomen with soft bands of fabric. We also have a monitor that

attaches to the skin of your abdomen with stickers and is wireless. Your nurse and provider will help decide which monitor to use.

Things you should be aware of with prostaglandins:

- Prostaglandins sometimes cause vaginal soreness.
- A small number of women experience some reactions such as nausea, vomiting or diarrhea.
- Most women will need further help to go into labor.

Balloon catheter

A thin silicone tube called a catheter, with a deflated balloon on its end, is inserted through your cervix and the balloon is then inflated with water. This is called a balloon catheter and is used to apply pressure to your cervix. It helps to open/dilate the cervix, preparing it for the next phase of labor. The catheter can be left in place for up to 12 hours and then, after the balloon is deflated, the catheter is removed. You can move around and go to the bathroom normally while it is in place. It is common for the balloon to cause cramping and/or contractions.

After the catheter is removed, you will have another vaginal examination to determine the next steps.

Things you should be aware of with a balloon catheter:

- Most women will require further assistance to go into labor.
- The placement of the balloon can be uncomfortable.

Artificial Rupture of Membranes (AROM)

This procedure is commonly known as breaking your water.

Once the cervix is open/dilated enough, your doctor or midwife can use a thin plastic instrument with a small hook on the end to break your water. This will not hurt you or your baby but the examination can be uncomfortable. Your water, the amniotic fluid, will continue to run out throughout your labor.

Things you should be aware of with AROM:

- Although breaking your water is usually straightforward, it can increase the risk of cord prolapse, bleeding and infection. Your doctor or midwife will take care to avoid this but are trained to manage any complications should they occur, and will not recommend it if they believe it would be unsafe.

Pitocin

This medication is the same hormone, oxytocin, that makes you go into labor naturally. It is given in a clear liquid through an IV (intravenous) tube that is inserted into one of your veins in your arm.

A pump controls the amount of Pitocin medication you are given. Your nurse will turn up the dose gradually until you are in labor and having strong regular contractions. The length of time this takes differs for each woman but it can take several hours.

Your baby's heart rate will be monitored continuously when you are receiving Pitocin.

Things you should be aware of with Pitocin:

- We have wireless fetal heart rate monitors that will support your ability to move around during an induction of labor if you are receiving Pitocin.

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On the day of your induction, please arrive at the confirmed time.

- You can, and should, eat before arriving to the hospital and bring snacks for yourself and your support people. The hospital will provide 3 meals per day for you as a patient and your support people can order trays or go to the cafeteria to buy their own food as needed.
- Arriving early does not mean that you will be seen sooner.
- A vaginal examination will help your doctor or midwife to decide how ready your cervix is for labor to begin. They will then discuss with you which method of induction is most appropriate.
- On some occasions, inductions have to be postponed, most often because the hospital is full and there is not a room immediately available for you. In these cases, we will try to inform you as early as possible. Please be sure your phone number on file with Women's Health is correct and that the phone is functioning so we can communicate with you. While we understand that delays can be disappointing, we want to give you and your baby the best possible care and attention. We will keep you informed and do our best to make any delay as short as possible.

If you have questions or concerns on the day of your induction, you may call the Family Birthplace (970.384.7200) for assistance.