

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 the pool.
- Induction can be more painful than spontaneous labour. (Read the “*Pain relief options in childbirth*” leaflet - <http://nationalwomenshealth.adhb.govt.nz/health-information/a-to-z-fact-sheets#PList>)
- A small number of women experience vaginal irritation from the prostaglandin gel
- There is a chance that prostaglandin gel can over stimulate 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 are broken you may require a Syntocinon (hormone) infusion to ensure good, regular, strong contractions. You and your baby will be monitored continuously.
- There is a chance that Syntocinon can over stimulate the uterus and sometimes this can stress your baby. This can be a serious complication, especially if you have had a previous caesarean section.
- An Epidural for pain relief is more commonly used in women having an induction.
- There is an increased risk of needing an instrumental delivery (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?

- Maternity Consumer Council - Induction of Labour - www.maternity.org.nz/the-facts/induction-labour
- “About Induction of Labour - Information for pregnant women” 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 - Induction of labour video - www.nhs.uk/conditions/pregnancy-and-baby/pages/induction-labour.aspx#close

References

National Institute for Health and Clinical Excellence. UK. Induction of Labour Guidelines, July 2008

Some of the information in this leaflet has been taken from the Waitemata District Health Board - Induction of Labour leaflet - <http://www.healthpoint.co.nz/public/maternity/waitemata-dhb-maternity-services-waitakere/>

The National Women’s Health website has accurate and up to date information which you may find helpful.
www.nwhealthinfo.co.nz

You can find this leaflet in the [A-Z fact sheets](#) section



Induction of Labour

Tena koutou katoa, Kia orana, Talofa lava,
Malo e lelei, Fakaalofa lahi atu, Taloha Ni,
Ni Sa Bula Vinaka,
Greetings and Welcome to National Women’s Health

Time of IOL:

Date of IOL:

Place:

Auckland District Health Board
National Women’s Health

What is induction of labour?

Induction of labour is the process of using drugs or other methods to encourage labour to start artificially rather than waiting for labour to start naturally. Induction can be a lengthy process. This leaflet will explain what to expect, the risks and benefits of an induction and will help you make an informed choice. It is important to us that the care and information you are given should take account of any religious, ethnic or cultural needs you may have.

Why has an induction been recommended for me?

Induction of labour 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 when induction may be offered to you:

- Your waters have broken prior to labour starting on it's own
- You have diabetes in pregnancy
- If you are overdue (More than 41 weeks)
- Your baby is not growing well or is small for dates
- You have high blood pressure in pregnancy
- You have had serious bleeding in pregnancy
- There are concerns about your baby (low fluid around the baby, less fetal movements)
- Maternal age (40 years and over)

What to expect

Induction of labour is usually planned in advance. You will be able to discuss the advantages and disadvantages with your midwife and a doctor.

The process of induction can be different for everyone, most women will have their babies within 24 hrs, for oth-

ers induction may take up to 2 to 3 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/whanau are welcome to be involved. If you choose to bring your children, it is important that someone other than yourself and your partner is available to look after them.

What can we do to try to reduce the need for induction?

- **Stretch and sweep** – This maybe done prior to or during the induction to encourage labour. It is a vaginal examination where the midwife or doctor inserts a finger through the cervix, if possible, separating the membranes from the uterus without breaking them. <http://www.nhs.uk/video/Pages/what-is-a-sweep.aspx>

What happens during an Induction

There are a range of methods that can be used to induce your labour. 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.

- **Prostaglandin gel** – This is a hormone gel that is placed in the vagina that works to soften and open the cervix. Prostaglandin gel often works slowly and you may need more than one dose if this is your first baby. In a 24hr period 2 or 3 doses of gel may be needed. Some women experience painful tightening's.

- **The balloon catheter** – This is a small soft plastic tube that is inserted through the cervix and a tiny balloon inflated. This puts pressure on the cervix. The balloon is usually left in place for up



<https://www.rcm.org.uk/content/cervical-ripening-balloon> to 24 hours. If contractions start, or the waters break, the balloon may fall out before it is due to be removed. Let your midwife know if this happens.

- **Artificial Rupture of Membranes - (breaking the waters)** – This procedure 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 to allow this to happen.
- **Syntocinon** – This is a hormone that mimics your own natural hormone. 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. This procedure will be done in the Labour and Birthing Unit.