



**St George and Sutherland
Hospitals**

Date of Induction:

Time:

Place:

Q What can I have for pain relief?

There are many options of pain relief available. These range from deep breathing and aromatherapy, through to gas and air, Pethidine injection or an epidural. You can choose the method that suits you and discuss this with your midwife during your labour.

Q Is there anything I can do to encourage my labour to start?

Myths about methods of inducing labour include: consuming hot curries, gin, castor oil, or having sex, hot baths, nipple stimulation. Unfortunately none of these have proven to be effective methods of labour induction.

Q If I don't want my labour induced how long is it safe to wait?

It is generally safe to wait for normal labour to begin provided you have a well-grown baby. If you prefer to wait for labour to begin naturally, you will need regular ultrasound and fetal movement monitoring to check the well being of your baby. Occasionally, women have had pregnancies that have continued for longer than three weeks past their due date.

Q Why was my due date changed?

Your due date is determined either by your last period date or by ultrasound. The most accurate way of dating your pregnancy is through an early ultrasound (before 12 weeks gestation). This may differ from the date calculated from your last period as you may have ovulated earlier or later than was anticipated.

SESAHS: Central Network
Women's and Children's Health Services:
Protocols Committee.
Dec 01, June 02, Mar 03, April 03, Dec 05, May 09

Induction of labour

Information for women

**SOUTH EASTERN SYDNEY
ILLAWARRA**
NSW HEALTH

Induction of labour (IOL)

What is Induction of labour?

Induction of labour means artificially starting and sustaining your labour, usually using medication.

Why do women have an IOL?

An induction of labour is usually offered either because your pregnancy extends beyond the due date, or you develop a pregnancy complication making it safer for the baby to be born earlier.

Once a pregnancy goes two weeks beyond the due date (i.e. term + 14 days) there may be a slight increase in the risk of an unexpected fetal death (although this mainly affects very small babies). This is the main reason you will be offered IOL 10-12 days after your due date.

Medical reasons why you may need to have an IOL before your due date are:

- High blood pressure
- Gestational (pregnancy) diabetes
- If the baby is not growing well
- Twin pregnancy

What are the risks?

An induction of labour has some risks. There is a higher risk of forceps, vacuum delivery and caesarean section. Fetal distress is also more common in an induced labour. For these reasons we don't routinely offer induction of labour until at least 10-12 days after your due date, or if you develop a medical complication of the pregnancy.

What are the alternatives?

If your pregnancy extends 14 days past your due date and you do not want to have an induction, we recommend that you have an ultrasound scan to assess the well being of your baby. This will show how much fluid is around your baby, which is the best marker of fetal health at this stage of the pregnancy

Methods of Induction

Before your induction of labour you may have a vaginal examination performed by a doctor or midwife. This assesses how 'favourable' or 'ripe' your cervix (neck of womb) is. Usually, the 'riper' your cervix, the more easy is the induction.

If your cervix is 'unfavourable':

If the cervix is not thin or starting to dilate or if this is your first baby, you will come into hospital at 6.30pm the night before your intended labour. If this is your second or subsequent baby, you will come into hospital on the morning of your IOL. You will receive a dose of vaginal medication called Prostin gel. The gel contains a substance (prostaglandin) which encourages your contractions to begin and the cervix to open. You will spend the night on the ward, and may need one or more doses the following day. Occasionally it can take 2 days or more for labour to start.

After the prostaglandin gel is inserted, both the baby's heart rate and your contractions will be monitored with a machine that has straps attached around your abdomen. This may continue throughout your labour if there are other risk factors (e.g. you have an epidural, the baby is small).

If your cervix is 'favourable':

If the cervix is already thin and starting to dilate you will just come to the Delivery Suite in the morning and the induction will be performed by breaking your waters. This is done during a vaginal examination, by using a plastic strip with a small hook at the end to break the membrane over your baby's head. This membrane has no nerve-endings, so the baby does not feel any pain. You may have some discomfort from the vaginal examination and may feel the waters flowing away.

Once your labour has begun, or if the contractions do not start themselves, you may need a drip (intravenous infusion) inserted into your hand or arm. This contains a synthetic hormone called Syntocinon to maintain the strength of your contractions.

Frequently asked Questions

Q What if I have had a caesarean section before?

Because there is an increased risk of the scar in your womb separating in labour we do not recommend IOL with Prostin. You may be suitable to have the waters broken if the cervix is favourable, or you may require induction with a plastic catheter passed through the cervix if the cervix is unfavourable.

Q How long will it take for my labour to start?

We can never give you an accurate time as to when your labour will start. The more 'ripe' or 'favourable' your cervix is, the less time it will take. The labour with a first baby generally takes longer than subsequent labours.
