

## WHAT IS AN INDUCTION OF LABOUR?

When your labour is induced, medications or other methods are used to start (induce) your labour. A health care provider might recommend labour induction in many different circumstances, and is usually done because they believe delivering your baby will improve the health of you and/or your baby.

There are several reasons a health care provider might recommend induction of labour, including, but not limited to, the following:

- Your pregnancy is 10 days or more past your due date;
- Your water has broken but labour has not started on its own;
- You are experiencing health issues (ie. High blood pressure, diabetes, or kidney disease)
- Your baby's growth is less than expected;
- The amount of amniotic fluid around your baby is low but your water has not broken

If an induction of labour is recommended, we will discuss the risks and benefits with you so you can make an informed decision about what's best for you and your baby.

The process of inducing labour can usually take anywhere from 1 to 3 days, depending on which methods of induction are used. The first step in an induction may be getting your cervix ready for labour (pre-induction), and the second step involves starting contractions. Medications that we use for inductions either soften the cervix or start contractions, and in some cases one medication can do both.

## PRE-INDUCTION : GETTING THE CERVIX READY FOR LABOUR

The condition of your cervix is one of the most important things to consider when deciding how best to start your labour. At your prenatal appointments leading up to your induction, our doctors will be checking your cervix at each appointment to determine how soft, thin (effaced) and open (dilated) your cervix is. If your cervix is found to be ready for labour, you will not need pre-induction. If it is not ready, we will plan for pre-induction on the Labour and Delivery unit on the evening before your official induction day, using one of two methods.

## Pre-Induction using a Foley Catheter

- A thin tube (catheter) is inserted through the cervix, and the balloon tip at the end of the catheter is filled with sterile water to put gentle pressure on your cervix from inside your uterus.
- The insertion can be uncomfortable, but isn't usually painful. Most often no extra equipment is needed to insert the catheter, but occasionally we will use a speculum to help us with the insertion.
- After the catheter has been inserted, we will monitor your baby's heart rate for about 20 minutes, and then you will be sent home overnight with the catheter in place. If your care provider feels your baby needs more regular monitoring or you have other medical concerns, you may be asked to stay overnight in the hospital.
- Some women feel some cramping or contractions with the catheter in place, while others feel nothing at all.
- If the catheter falls out overnight, it usually means the catheter has helped to open your cervix.

## Pre-Induction using Cervidil

- Cervidil is a thin ribbon of material, and is full of a slow-release medication (Prostaglandin) that is inserted into your vagina and placed near the cervix where it is left overnight. The end of the ribbon is reachable at the entrance of the vagina.
- Prostaglandins help to soften, thin and open your cervix.
- After the cervidil is in place, you and your baby will be monitored for 2 hours to see how your body reacts to the medication. If your care provider feels your baby needs more regular monitoring or you have other medical concerns, you may be asked to stay overnight in the hospital. Otherwise you will be sent home overnight to rest.
- Women often feel cramping with the cervidil in place.
- While you are home overnight, you should contact Labour & Delivery if your water breaks, you have strong contractions that are less than 2 minutes apart, or you have contractions that last longer than 90 seconds.

## INDUCTION : STARTING CONTRACTIONS

On the day of your induction, you will usually be asked to come to Labour & Delivery by 8am. Remember that you must stop at the Registration Desk in ER each time you come to L&D, even if you are coming in the morning after a Pre-Induction.

The PIPC doctor will meet you there, and they will check your cervix to help decide the best way to get your labour started. If you have had a Pre-Induction, the Foley catheter or Cervidil will be removed.

When your cervix is ready for labour, we will use a medication called Oxytocin and/or break your water to start contractions.

### Oxytocin

- Oxytocin is a hormone that causes your uterus to contract
- It is given through an IV to start or increase the strength or frequency of contractions
- We start using only a small amount of oxytocin and increase slowly until you are having strong, regular contractions.

### Breaking Your Water

- If your cervix is already dilated 2cm or more, we may suggest breaking your water to try to start or increase contractions.
- You will feel a warm gush of water as the water is released. This process may be uncomfortable but is generally not painful.
- After your water has been broken, we will usually observe to see if contractions start or increase on their own. If they do not become regular and strong, we will discuss starting Oxytocin to help increase the frequency and strength of contractions.

### References

Provincial Health Services Authority (2022) "*Induction of Labour*". BC Womens Hospital + Health Centre. <http://www.bcwomens.ca/our-services/labour-birth-post-birth-care/labour-birth/inducing-your-labour>