

Understanding Induction of Labour: Methods, Risks, and Decisions



Highlights

Induction of labour is when your doctor or midwife starts the labour process artificially. You may be offered an induction of labour if there is a risk to your or your baby's health. There are different ways to induce labour. There are some risks if you have an induced labour, and not all induction methods will work for everyone.

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What is Induction of Labour?

Labour typically starts between 37 and 42 weeks of pregnancy. During natural labour, several processes occur:

The cervix softens and opens.

Contractions begin.

The waters break \ (amniotic sac ruptures\).

Induction of labour \ (induced labour\) starts these processes artificially.

Induction may involve different methods:

Mechanically opening the cervix

Using medications to start contractions

Breaking the waters \ (artificial rupture of membranes\)

A combination of these methods may be used.

Differences Between Induced and Natural Labour

Induced labour can be more intense than natural labour, though this varies for each person. In natural labour, contractions build gradually. Induced labour often starts contractions quickly and intensely.

Pain relief options are available, and there are no usual restrictions on pain relief during induction.

Some types of induction may make it harder to move. This happens because your baby is monitored more closely. Wireless monitoring, if available, can allow more movement during induction.

When is Induction of Labour Recommended?

Induction may be suggested if there is a risk to your health or your baby's.

Reasons for induction include:

You are overdue \ (41 to 42 weeks pregnant\).

The placenta may not be functioning well.

You have health conditions like diabetes or high blood pressure.

The baby has fewer movements, irregular heart rates, or poor growth.
Your waters have broken but contractions haven't started.

How to Decide Whether to Have an Induction of Labour?

Your doctor or midwife will explain the risks and benefits of induction. You can ask questions and discuss your options. The decision is yours, and you can change your mind at any time.

Ask questions like:

Why is induction necessary?

How will it affect me and my baby?

What happens if I don't have the induction?

How will the induction be done?

What are the risks of induction?

What pain relief options are available?

If you are overdue, you may decide to wait for natural labour. However, if risks arise, induction may be necessary. After your due date, there's a higher risk of complications like stillbirth.

Reasons Why Induction Might Not Be Offered

Induction is not suitable for everyone. You may not be offered it if:

You had a caesarean before and plan a repeat caesarean.

You have placenta praevia (abnormal placenta position).

The baby is breech or lying sideways.

You or your baby have serious medical issues.

You have an active herpes infection.

What to Expect During Induction of Labour?

Your healthcare team will check your health and the baby's well-being regularly. This helps decide if induction is needed. Inform your doctor or midwife if you notice reduced fetal movements.

If you and your doctor agree to induction, an internal exam will be performed. The exam checks how ready your cervix is for labour. It also helps choose the best induction method.

Once induction starts, it may take from a few hours to over 24 hours for delivery. How long it takes depends on how your body responds.

Options for Induction of Labour

There are several methods for inducing labour. Your doctor or midwife will recommend the best option based on your situation. A combination of methods may be used, and written consent is required.

Prostaglandins

Prostaglandins are synthetic hormones that soften the cervix. They help prepare the body for labour. Prostaglandins can be given as:

A gel, with doses every 6 to 8 hours.

A pessary or tape that releases the hormone for 12 to 24 hours.

After the prostaglandin is inserted, you will need to lie down for a short time. You will stay in the hospital until your baby is born.

Prostaglandins are preferred because they mimic natural labour. An oral prostaglandin tablet may also be used if available.

Notify your midwife or doctor if you experience regular, painful contractions. Contractions 5 minutes apart for your first baby or 10 minutes apart for later babies may signal the start of labour.

Risks of Prostaglandins: Some women may experience vaginal soreness, nausea, vomiting, or diarrhoea. These side effects are rare. There is no evidence prostaglandin induction is more painful than natural labour. Occasionally, contractions can become too strong, affecting the baby's heart rate. This can be managed by adjusting the medication.

Balloon Catheter

A balloon catheter is inserted into your cervix. The balloon is inflated with saline, applying pressure to open the cervix. The balloon stays in place for up to 15 hours, after which your cervix is reassessed.

Notify your healthcare provider if you experience regular contractions or if your waters break.

Risks of Balloon Catheter: Insertion may cause some discomfort but is not typically painful. Notify your doctor immediately if you experience bleeding or reduced fetal movements.

Artificial Rupture of Membranes (ARM)

Artificial rupture of membranes is used when your waters don't break naturally. Your doctor inserts a small hook through your vagina to rupture the membrane sac. This increases pressure on the cervix, which can trigger labour. Oxytocin is often used with ARM to start contractions.

Risks of ARM: While not usually painful, there's a small risk of prolapsed umbilical cord, bleeding, or infection.

Oxytocin

Oxytocin is a synthetic hormone given through an intravenous drip. The dose is adjusted to maintain regular contractions. This process can take several hours.

Risks of Oxytocin: Oxytocin can cause contractions to become stronger and more frequent than in natural labour. You may need additional pain relief.

With oxytocin, it may be harder to move around due to the IV drip and fetal monitor. However, it's still possible to move with help from your midwife.

Occasionally, contractions may come too quickly, affecting the baby's heart rate. If this happens, the drip can be slowed, or other medications can be given.

Risks of Inducing Labour

Induction carries some risks, depending on the method and your circumstances. Potential risks include:

- The induction may not work.
- Contractions may be too strong or too frequent.
- The baby may become distressed.
- There may be bleeding or infection.

What Happens if the Induction Does Not Work?

Not all induction methods will work for everyone. If one method is unsuccessful, your doctor may try another approach. In some cases, a caesarean section may be needed. Your doctor will discuss all available options.

Tools and Assistance

Your Doctor or Midwife They will guide you through the induction process, explain options, and provide support.

Birth Plan Helps communicate your preferences for labour, but be flexible in case things change.

Pain Relief Options Various methods available; discuss them with your healthcare provider to choose what's best for you.

Monitoring Equipment Fetal heart rate monitors and IVs may be used, with wireless options allowing for more movement.

Support Person A partner or friend can provide emotional support and assist in decision-making.

Education and Resources Learn about induction methods and risks to feel prepared; your healthcare provider can provide helpful materials.