

The Women's **Wellness** Centre

Information about your Induction of Labour

WHY IS INDUCTION OF LABOUR NECESSARY?

For most women having an induction of labour it will be because they are 'overdue': more than 7 -10 days past their due date. Sometimes it can be because of medical reasons such as raised blood pressure.

WHAT WILL HAPPEN TO ME?

One of the midwives will meet you when you arrive on the ward. We will assess the baby by doing a cardiotocograph recording of the baby's heart and the action of your uterus ('a trace') over about 20 minutes. Then the midwife or obstetrician will feel the cervix to see how ripe it is. This will help us to decide how to induce labour.

Then we can either put some prostin gel into the vagina or break the waters and put up an intravenous drip to get the contractions going.

WHAT IS PROSTIN GEL?

Prostin comes in the form of a gel (jelly) or pessary (tablet) and contains a special hormone (prostaglandin) which is put into the vagina to soften and make the uterus contract. It increases the likely success of induction of labour if the cervix is not favourable. After giving prostin, careful monitoring of the contractions and the baby's heart is needed for at least one hour. We then encourage you to get up and walk about.

The next assessment will be 6 hours later. If you have not gone into labour and are not having too many contractions and the baby's heart rate is normal then a further dose of prostin gel may be given.

WHAT HAPPENS IF YOU DECIDE TO BREAK MY WATERS AND PUT UP A DRIP?

Sometimes the cervix is already very ripe or favourable, or becomes ripe after the prostin gel (starting to dilate, soften and shorten) and then we can break the waters (artificial rupture of the membranes or ARM). This is usually no more uncomfortable than an internal examination. If the liquor (fluid around the baby) is clear we often ask you to get up and walk around to see if labour will start on its own, but if labour has not started within 2 – 4 hours, we put a drip into a vein and start a drug called oxytocin (Syntocinon) that starts the contractions off.

WHAT IS SYNTOCINON?

Syntocinon is a hormone that is naturally present in all women and it plays a part in normal labour. It has been artificially made and must be given into a vein through a 'drip' in your arm. Its structure is identical to the naturally occurring hormone and so side effects are rare. The major side effect is that the contractions may be too strong, but then the drip can be slowed down, or switched off and the effects wear off within 5 -10 minutes. Your baby will need to be continuously monitored if you are having the syntocinon drip. This will mean you will be connected to the fetal heart rate monitor.

ARE THERE ANY DRAWBACKS OF INDUCTION?

Induction of labour can be an unpredictable process and will take varying lengths of time depending on the mother, the ripeness of her cervix and whether she has had a baby before. You must be prepared for this.

Prostin gel can be absorbed unpredictably. In some women this means that nothing appears to happen at all, but in other women the contractions start very suddenly and powerfully and cause the mother pain and may lead to the baby's heart rate becoming abnormal. This happens one in 100 times. Usually it is only for a short period of time, and it may sometimes mean using drugs to slow down the contractions, but occasionally might mean that a caesarean section is necessary.

The use of an epidural for pain relief is more likely with an induced labour particularly if syntocinon drip is required.

Just occasionally, although we try everything, we simply cannot get the woman to go into labour. This is called a failed induction and if the waters have been broken then this might also mean having a caesarean section for delivery.