

# Are You Going to Have an Induction of Labour?

CEAC 0057\*

April 2018

\*This document was designed to support patients of the former RQHR.

## **Is my Labour Going to be More Painful?**

Until you are in active labour, you may have several hours of cramping and discomfort while being induced. This is similar to what early “not induced” labour is like. Once your labour is started, it will progress as a labour would progress on its own. The active, more painful part of labour (from three to 10 centimeters of dilation) is usually the same as a natural labour. Your labour will last about as long as labour that started on its own .

If you are induced with Syntocinon®, you often miss the early part of labour that allows you to get used to the contractions gradually. You should tell your nurse if you think your contractions are too close or too painful.

## **What Does Induction of Labour Mean?**

Induction of labor means that your doctor will try to start your labor before it normally would begin. Your doctor may do this by using hormones that normally prepare the uterus and cervix for labor, or by breaking the bag of waters that surround the baby.

## **Why Does my Doctor Want to Induce my Labour?**

Your doctor will want to induce your labour when it is in the best interest of you or your baby. This will be fully discussed and explained by your doctor. Labour induction is only done with your consent.

A common reason to induce your labour is because your pregnancy has gone at least 10 days past your due date. Your doctor decides on what your due date will be. She/he decides this by taking your history of menstrual periods and sometimes by doing an ultrasound earlier in your pregnancy.

Other reasons why your doctor may want to induce your labour are:

- diabetes in pregnancy
- high blood pressure
- problems with past pregnancies
- a baby that is not growing well
- a decreased amount of fluid around the baby.
- An elective induction is one in which there is no clear medical reason to induce your labor.

## When Will I have my Labour Induced?

Your doctor may advise you to have your labour induced right away (today) or in the next few days for medical reasons.

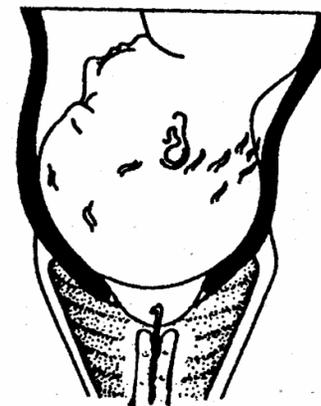
Elective inductions wait until medical inductions are done on any given day. Therefore, once an elective induction is begun, there is no guarantee that it will continue the next day. You may wait one or more days to be recalled after a dose of prostaglandin.

Your doctor books you into Labour and Birth at the Regina General Hospital for the specified date. The nurse in charge of Labour and Birth on that date will call you as soon as a bed is available. If you do not have a phone, your doctor will ask you to call Labour and Birth at (306) 766-6150 early that morning. There may be many women waiting to have their labour induced, so it is possible that it may be later in the day, or even the next day, when you are called to come. An obstetrician (specialist in the care of pregnant women and their fetuses) decides which conditions are most urgent. For example, a woman who has high blood pressure would be called before a woman who is one week past her due date. If many women are already in labor, the nurse will not call you to come to the hospital until they can provide the proper care for you and your baby.

When you are called to come to the hospital, you must go to SWADD (System Wide Admission Discharge Department) of the hospital first. You will need your current Saskatchewan Health Insurance Card. Whether you are admitted as an out patient, or as an inpatient, depends upon the type of induction that you need.

## Artificial Rupture of the Membranes (A.R.M.)

Sometimes breaking the bag of waters that surrounds the baby will cause your own body to release one or both of the hormones described above - prostaglandin and oxytocin. Your doctor may decide to break the bag of waters that surrounds the baby. The medical term for this is Artificial Rupture of the Membranes (A.R.M.). The doctor uses a sterile plastic hook (like a crochet hook) to do and A.R.M. during a vaginal examination. You may then progress into labor on your own, but may also still need to have Syntocinon® or prostaglandin given after a few hours.



## Is it Safe to Have my Labour Induced?

There are risks with any medical procedure. Sometimes the risks of continuing the pregnancy are higher than the risks of the induction. Your doctor decides to induce your labor when she/he decides that this is the case for you. You should ask your doctor about any problems that may happen with the induction of labour.

## Syntocinon® Induction

If your cervix is ready to go into labour (ripe), your doctor may leave instructions for your labor to be induced using a drug called Syntocinon® or Oxytocin. This is a form of the natural hormone “oxytocin”. Oxytocin causes your uterus to contract actively. Oxytocin / Syntocinon® works better after the cervix has begun to soften. Syntocinon® will probably cause you to go into labour.

The nurse starts an intravenous infusion to give this medication. The medication is added to a bag of intravenous solution. The intravenous is attached to your arm and a special pump sends exactly the right amount into your body. The medication is started at a very slow rate and gradually increased until the contractions occur regularly and increase in strength. The dosage may be increased or decreased as needed, so that your contractions follow as natural a pattern as possible. You should tell your nurse if you think that your contractions are closer than two or three minutes apart.

After starting the medication, your nurse will watch your baby by using the fetal monitor . If everything appears normal, you may be able to walk or sit as usual for short periods. The nurse will watch you and your baby closely. Sometimes this method of induction does not work. Your doctor may want you to stay in the hospital overnight. You will then be sent to the Mother Baby Unit or you may be sent home and called back another day.

## What Will Happen in Labour and Birth?

Your doctor will probably have given you your prenatal sheets and a consent form to sign. Bring these to the hospital and give them to your nurse in Labour and Birth. The nurse and resident physician will take a history of your health and pregnancy. They will review the prenatal forms and instructions that your own doctor has sent with you. The nurse will do your blood pressure, pulse rate, temperature, and apply a fetal monitor to assess the health condition of your baby. The monitor is a machine that prints out, or traces, the baby’s heartbeat onto a piece of paper. The nurses and doctors are trained to read the printouts on the paper to assess your baby’s health. They can explain these printouts to you.

## Can the Induction Wait?

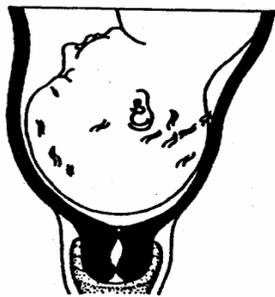
Sometimes it may be possible for you to wait before your labor is induced. You will have to talk to your doctor about this question. Sometimes the Labour and Birth ward is so busy with women in natural labor that we do not call in people for an induction if the induction can wait. In this case, your doctor will leave instructions for your care. If the induction is medically urgent, extra nurses will be called in to take care of you. Elective inductions will not be done on days when the Labour and Birth or Neonatal Intensive Care Units are too busy. The health of you and your baby is very important to your caregivers. If you have any further questions or concerns, your doctors and nurses are always glad to provide as much information as possible.

## How Will my Labour be Induced?

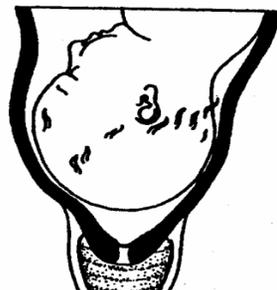
The goal is to try to mimic a natural labor as much as possible. Your doctor chooses the method of induction that is best for you. She/he will do a vaginal examination to assess your cervix and then decide what method of induction to use. She/he may decide to use a prostaglandin, oxytocin, or to break the bag of water that surrounds the baby.

### Prostaglandin

You may hear the terms “ripe or unripe cervix.” An unripe cervix is firm, long and closed. An unripe cervix keeps the baby in the uterus during the pregnancy. Induction of labour will take longer if your cervix is unripe. A ripe cervix means that your cervix has started to soften, shorten and open in preparation for labour.



**Unripe Cervix**



**Ripe Cervix**

In natural labour, a hormone called prostaglandin softens or ripens your cervix before true labour starts. This process takes two or three weeks. With an induction, we try to compress these changes into two or three days.

If your cervix is not soft, your doctor will leave instructions for the resident physician or a Labour and Birth nurse to insert some prostaglandin, or Cervidil®, into your vagina. This is done during a vaginal examination and is usually painless.

You and your baby will be watched closely for at least two hours after the prostaglandin is given. You will need to stay in bed for these two hours so that the prostaglandin will remain in the upper part of the vagina and so that the baby’s heartbeat may be monitored. You may move around in bed as much as you wish. You should go to the bathroom and empty your bladder before the prostaglandin is given.

You may have mild to moderate menstrual-like cramps after the medication is given. You may have these cramps for several hours. They may be relieved by bathing, showering, walking, using a hot water bottle on your back, or by taking Acetaminophen if your doctor recommends it. These cramps are a normal part of early labour and may be uncomfortable. (if you feel that the cramps are too painful, you may have started into active labor).

Prostaglandin often has to be given more than once. Since repeat doses are always given at least six hours apart, you will likely go home after being watched for two hours. The nurses will either ask you to call back or will call you when it is time for the next scheduled dose of medication. This may be later in the day or even the next day. Elective inductions may have to wait for one or more days to be called again.