

Induction of Labor

What is induction of labor?

Induction of labor means that the doctor or midwife causes your labor to start instead of waiting for your labor to begin on its own. Unless there is a clear medical reason to hurry the birth of your baby, waiting for labor to start on its own is the best choice.

Why is labor induced?

- Your bag of water has broken but labor has not begun.
- Your pregnancy is “post dates” (more than one week beyond an accurate due date).
- You have a health problem, such as high blood pressure, that can only be treated if the baby is born.
- You have an infection of the uterus (chorioamnionitis).
- You have a history of very short labors and live a long way from the hospital.
- Your baby has a problem that can best be treated after birth.
- Your baby has some problem that needs specialists present when he or she is born.

Inductions may have some risks because your body and the baby may not be ready for the birth. Women who have inductions are more likely to give birth by cesarean delivery than women who go into labor naturally. Therefore, reasons such as being tired of being pregnant or convenience are not good reasons for labor induction.

If your care provider mentions induction what questions should you ask?

- Is there a medical reason for an induction?
- What are the risks of induction for me and my baby?
- What are the benefits for me and my baby?
- What method of induction would be recommended?
- What would happen if we decided not to induce labor?

If you and your care provider decide induction is best for you or your baby what are some of the methods to induce labor?

- Stripping of the Membranes

During a pelvic exam, the care provider inserts a finger between the bag of waters (amniotic membranes) and the cervix to loosen the membranes from the lower part of the uterus. Many women feel some discomfort during this short procedure.

- Artificial Rupture of Membranes

Your care provider makes a small hole in your bag of water (amniotic membranes) during a pelvic exam. This is done using a special instrument called an amniohook. There is usually little discomfort with this procedure.

- Prostaglandin Medicines

Prostaglandins are hormones which help the cervix get ready for labor. Prostaglandin medicines are placed around the cervix during a vaginal exam to “ripen” or soften the cervix. The cervix is at the bottom of the uterus and opens to allow the birth of the baby. Sometimes the medicine is put in place the night before the induction is to begin so that you can sleep while your cervix is getting ready. The dose may be repeated every 4 to 6 hours. Cytotec is the name of the prostaglandin most frequently used at UNC Hospitals

- Foley Bulb

A foley catheter (a small rubber tube) is inserted through the vagina into the cervix. The inflated end of the catheter applies pressure to the cervix which helps the cervix open or dilate. When the cervix opens to 3 cm, the catheter will slide out on its own and the labor may start without any medicines. Sometimes a medicine called pitocin is also used with this method. Some women report discomfort when the catheter is put in place.

- Pitocin

Oxytocin is a natural hormone in a woman’s body that helps to starts labor. A drug called Pitocin works like oxytocin to start labor in some women. This drug is given through an IV. The amount of medicine is increased until the uterus begins to contract on its own. Contractions caused by pitocin tend to be stronger earlier than contractions from natural labor. Because pitocin can be a strong medicine its effects on you and your baby must be watched very carefully. If you are induced with pitocin, you and the baby will be electronically monitored for all of your labor.