

When your labour is induced, medication or other methods are used to start (induce) labour. Inducing labour is recommended when your care provider believes delivering your baby will improve your or your baby's health.

## Why is labour induced?

In BC about 1 in 5 pregnancies require an induction of labour. Some common reasons why labour is induced:

- your pregnancy is 10 days or more past your due date;
- your water has broken but labour has not started on its own;
- you have health issues such as high blood pressure, diabetes, or kidney disease;
- your baby's growth is less than expected;
- the level of the water around your baby is low but your water has not broken.

## How long does induction take?

It is normal for the induction process to take from 1 to 3 days, depending on how your labour is induced.

## How is labour induced?

Inducing labour usually involves one or two processes. The first step is getting your cervix ready for labour. The second is starting contractions. Medications for inducing labour either soften the cervix or cause the uterus to contract. In some cases, medications do both.

### Getting your cervix ready for labour

Cervidil (dinoprostone), prostaglandin gel or a Foley catheter can be used to get your cervix ready for labour. Your maternity care provider will choose the method for your induction based on how ready your cervix is for labour as well as other factors.

### Cervidil (dinoprostone)

A small ribbon containing prostaglandin is inserted into your vagina and placed near your cervix by your care provider. The end of the ribbon is reachable at the entrance to the vagina.

Prostaglandin is used to soften, shorten and open your cervix. You will stay in the hospital for monitoring for at least one hour to see how you and your baby respond to the prostaglandin. The ribbon usually needs to be replaced after 12-24 hours if you have not yet gone into labour. If you have had a previous cesarean section, Cervidil will not be used to induce your labour.

## **Prostaglandin gel**

A gel containing prostaglandin is inserted into your vagina to soften, shorten, and open your cervix. You will stay in the hospital for monitoring for at least one hour to see how you and your baby respond to the prostaglandin. More than one dose of gel is usually needed to get your cervix ready for labour, and these doses are usually given about 6 hours apart, so you might go home between doses. If you have had a previous cesarean section, prostaglandin gel will not be used to induce your labour.

## **Misoprostol**

A tablet that is either swallowed or placed in the vagina every 4 hours to start your labour. You will remain in hospital during this process.

## **Foley catheter**

A thin tube (catheter) is inserted through your cervix. The balloon-tip of the catheter is slowly inflated with water to put pressure on your cervix and help get your labour started. The other end of the tube is pulled tight and taped to your leg while the catheter is in place. It can be uncomfortable but is usually not painful. Foley catheters are a safe way to induce labour if you have had a previous cesarean section.

You will usually go home after these methods are started (with directions on when to return to hospital). However you may need to stay in hospital if the baby needs more regular monitoring or if there are other medical concerns.

If you do go home, we recommend that you have someone drive you. You may start to feel contractions within a few hours or not notice anything different at all.

At home, contact your care provider or to come to hospital if you have any of the following:

- painful contractions coming regularly every 5 minutes;
- painful contractions that last more than 2 minutes each
- a leak or gush of fluid from the vagina (water breaking);
- bleeding from the vagina;
- less than 6 movements of your baby in 2 hours;
- The Cervidil ribbon falls out.

## Starting contractions

When your cervix is ready for labour, you may need help to start your contractions. Methods such as using oxytocin and/or breaking your water may be used. You will stay in hospital if either of these methods are used.

### Oxytocin

A hormone that causes contractions of the uterus. It is given through an IV (intravenous) tube to start or increase labour contractions. A small amount of oxytocin is given and increased slowly until your contractions become regular and strong.

### Misoprostol

A pill that you take orally (in your mouth) every 4 hours. You will need to stay at the hospital if this method is chosen. You may be given misoprostol up to 4 times.

### Breaking your water

If your cervix is already dilated more than 2 cm, your care provider may discuss breaking your water as a way to start or increase contractions. You will feel a warm gush of fluid as the water comes out. This process can be a bit uncomfortable but is usually not painful.

## Questions and your care

You and your maternity care provider will discuss the reasons for induction, the method to be used and the advantages and disadvantages. In many cases your maternity care provider will continue to manage your care after the induction has begun. An obstetrician may be part of some of your discussions and may remain involved in your care to monitor your health, the progress of labour and your baby. Talk with your care provider if you have questions.



<http://www.bcwomens.ca/our-services/labour-birth-post-birth-care/labour-birth/inducing-your-labour>