



Government of **Western Australia**  
**North Metropolitan Health Service**  
Women and Newborn Health Service

# Induction of Labour

## WOMEN AND NEWBORN HEALTH SERVICE

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## Induction of labour

When labour starts by itself it is called spontaneous labour. This is when you experience regular painful contractions of the uterus that open the cervix (neck of the uterus) to allow the baby to pass through.

A labour that is started by another method is said to be induced.

## Why may I need an induction?

The most common reasons for induction are:

- There is a medical condition affecting either yourself or your baby that necessitates birth.
- Your baby is overdue (pregnancy of 41 or more weeks).
- Your baby is small for its age.
- Your membranes have ruptured (waters have broken) and labour has not started.
- Your blood pressure is high.

## When do I come to hospital?

Your doctor or midwife will discuss the reason for the induction and will book a date for this to occur.

You will be advised to ring the Labour and Birth Suite coordinator on the day of your induction to confirm your admission time.

## What type of induction am I likely to have?

The type of induction you will have will depend on whether your cervix is 'ripe' or 'unripe'. You may need a combination of methods.

If your cervix is 'ripe' it has been naturally thinned and softened by the hormones present in your body and is ready to be opened by your contractions. Your doctor or midwife will break your membranes and/or administer a syntocinon infusion.

If your cervix is 'unripe' it is firm, long and closed and will need to be softened. A hormone-based vaginal gel prostaglandin or Foley's Catheter is used to soften and open an 'unripe' cervix, enough for the doctor or midwife to break your membranes.

## Methods of induction if cervix is unripe

An induction can be a lengthy process. If the process is started in the evening you will need to rest while it is working. Your support persons are advised to go home as there are no facilities to accommodate them overnight.

### **Foley Catheter (a thin hollow soft tube)**

- Baby's heartrate is monitored for 20 minutes using a CTG machine.
- The Catheter is inserted through the opening of the cervix.
- The catheter is taped to the thigh with moderate traction on the cervix. This helps to soften and partially open your cervix.

- If the catheter has not fallen out in 12 hours the medical team will be advised and a review and management plan will be actioned. The catheter can be left in place for up to 24 hours.

This method is likely to be used if this is your first baby.

### **Prostaglandin Gel**

- Baby's heartrate monitored for 20 minutes using a CTG (cardiotocograph) machine.
- Vaginal examination and insertion of gel near cervix.
- Lie down for one hour, baby's heart rate is monitored for 30 minutes.
- Wait about six hours for the gel to ripen the cervix.
- Second vaginal examination to assess if the cervix is ripening.
- If cervix has not ripened a second dose of gel will be inserted.
- Lie down for one hour, baby's heart rate is monitored for 30 minutes.
- Wait about six hours for the gel to ripen the cervix.
- Once your cervix has been 'ripened' by the above methods, a decision to rupture your membranes and or to commence syntocinon will be made by your medical team.

## **Methods of induction if cervix is ripe**

### **Artificial Rupture of Membranes (ARM)**

If your cervix is already 'ripe' it may be possible for your doctor or midwife to break your membranes using a small hooked device.

This may trigger your body into going into labour, if not, an intravenous syntocinon infusion will be started to bring the labour on.

### **Syntocinon**

Syntocinon is a synthetic form of the hormone oxytocin. It stimulates contractions of the uterus in order to start labour. To administer this a doctor or midwife will insert an intravenous cannula (small plastic tube) into a vein in your forearm. This is attached to an infusion line and a pump. The syntocinon infusion is then started at a low rate which is increased every 15 minutes until your contractions are strong and regular. The infusion is continued until your baby is born. The baby's heart rate will be monitored throughout this process.

## What risks are involved with an induction of labour?

### Failure to ripen the cervix

The process used to ripen the cervix occasionally fails. This means your cervix may not soften or open enough for the membranes to be ruptured. If this happens and the induction is not urgent you may be sent home and re-booked for a second attempt at a later date. If not you may be offered an alternative induction method or you may require a Caesarean section.

### Overstimulation of the uterus

A rare side-effect of the vaginal gel and/ or Syntocinon infusion can be a strong and prolonged contraction.

### Cord prolapse

This is extremely rare. When the waters are broken there is a very small risk of the umbilical cord slipping below the baby's head with the fluid. This requires an immediate Caesarean section.

### Failure to establish labour

This sometimes occurs when the syntocinon infusion fails to produce contractions that open your cervix. You may need a Caesarean section.

## Will I need pain relief during my induction?

Most women do not find the early stages of the induction process too uncomfortable. Paracetamol and natural pain relief such as hot packs and warm showers are helpful for period-type cramps. Discuss your options with your midwife as you go along.

Benefits and risks of induction need to be assessed on an individual basis. If you are uncertain about any aspects of your induction be sure to discuss them with your doctor or midwife.

## Your induction of labour:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Proposed time: ☐ AM ☐ PM

Please call at: \_\_\_\_\_

Proposed method: \_\_\_\_\_

Please call the Labour and Birth Suite on (08) 6458 2197 or (08) 6458 2198 at the above time to confirm your admission time as it may be necessary to postpone the time or date. If you have any queries please discuss with the Labour and Birth Suite coordinator.