

Induction of Labor



What is induction of labor?

When your baby is ready to be born, your labor starts. Your health care provider may recommend starting your labor with medicines and other treatments instead of waiting for your body to start labor on its own. When this is done, it is called induction of labor. Inducing your labor is usually recommended if:

- You have a medical problem that could get worse if you stay pregnant
- Your baby has a medical problem that is becoming worse and can be best treated after birth
- You are 2 weeks or more past your due date

How is labor induced?

There are several ways to induce labor. The method used depends on how ready your cervix is for labor, the recommendation of your health care provider, and your preferences. If your cervix is not soft and ready for labor, often 2 induction methods will be used. One will get your cervix ready for labor, and one will start contractions. The methods for inducing labor are described on the next page of this handout.

What happens during an induction of labor?

If your labor is induced, you will need to have an IV. If you have the medicine Pitocin, it is put through a machine that counts how much you get very carefully. Pitocin is increased slowly to be like going into labor naturally. If you do not have Pitocin, you may not need to have IV fluids and can just have a saline lock.

The fetal heart rate and uterine contractions also need to be watched carefully. A belt is placed around your abdomen that records your baby's heart rate and your contractions.

Are there risks to induction of labor?

If your baby is not fully developed, inducing labor too early may be risky for your baby's health. This is why labor is not induced before 39 weeks of pregnancy unless there is a medical reason your baby needs to be born.

The most common risk of induction with Pitocin is having contractions that are too close together (called tachysystole). If this happens, your baby's heart rate can slow down (called decelerations). The medicine is slowed down or stopped if your contractions come too often.

When is induction of labor not recommended?

Labor should not be induced if:

- You are less than 39 weeks pregnant and healthy, and your baby is healthy.
- Your baby is in breech (bottom first) or a transverse position (cross-ways).
- You have placenta previa (your placenta covers either part or all of the opening of your cervix).
- You have had a cesarean birth with a vertical (up and down) incision in your uterus in a previous pregnancy, or you have had other surgery on your uterus that cut into the muscle of your uterus.
- You have an active herpes lesion on or near your vagina.
- You have an umbilical cord prolapse (the umbilical cord is coming out first) or you are having a lot of vaginal bleeding that may be due to a placental abruption.

Should I have labor induced if I am not in labor after my due date?

Your due date is the middle of the time period that is normal for your baby to be ready to be born. Two weeks before and one week after your due date are when you are most likely to go into labor on your own, and this is the safest for you and your baby.



Some studies have found that you are less likely to have a cesarean birth and your baby is less likely to have lung problems from passing stool in your uterus if you have your labor induced at 41 weeks of pregnancy or more. Between 41 and 42 weeks, your health care provider will check your baby's heart rate, the amount of fluid in your bag of waters, and your cervix to help you decide if it is better to wait for labor to start or better to induce labor. It is recommended that all women who do not go into labor on their own by 42 weeks of pregnancy have their labor induced at that time.

Does induction of labor increase my risk of having a cesarean birth?

Some studies have found that women whose labors are induced have a higher chance of cesarean birth. Your risk of cesarean birth depends on many factors including how many weeks pregnant you are, if you are obese or not, if you have had a baby before, and if your cervix is soft and ready for labor when induction starts. Talk with your health care provider about the pros and cons of induction for you and find out what risks may be involved for you and your baby. Then you can make the best decision for yourself.

What methods might be used to get my cervix ready for labor?

- **Nipple stimulation:** When your nipples are gently pulled as happens during breastfeeding, you release hormones that make your uterus contract. You can roll your own nipples, have your partner stimulate your nipples, or use a breast pump. You should only stimulate one breast at a time. Nipple stimulation may shorten the number of days before you go into labor on your own, but this only works for women whose cervix is already soft and ready for labor.
- **Sweeping membranes:** Your health care provider places a finger into your cervix during a vaginal exam and gently separates the bag of waters from the side of your uterus right around your cervix. This releases hormones that soften your cervix, making it easier to open. Sometimes, sweeping membranes causes cramping, contractions, and light vaginal bleeding. Sweeping membranes does not break your bag of waters and does not always make labor start.
- **Prostaglandins:** This can come in the form of a gel, pill, or tablet attached to a string. These medicines are placed next to your cervix by a nurse or health care provider. Prostaglandins help soften and prepare your cervix so your labor will be shorter once it starts. Usually prostaglandins help you start having light contractions that may feel like cramping.
- **Cervical ripening balloon:** Your health care provider may place a catheter (small flexible tube) with a balloon into your cervix. The balloon on the end of the catheter is filled with sterile water. The balloon(s) puts pressure on the inside of your cervix and slowly opens your cervix. You may feel some cramps and pressure in your pelvis especially after the catheter is first placed. The balloon will fall out or be removed once your cervix is open.

What methods might be used to induce my labor?

- **Breaking your bag of waters (also called rupture of membranes):** If you have already had a baby and your cervix has started to open, sometimes breaking your bag of waters will start your labor. Your health care provider can use a small hook to break your bag of waters. When this happens chemicals in your amniotic fluid (waters) soften your cervix and can cause contractions that get your labor started. If you are in early labor, breaking your bag of waters can make active labor come sooner.
- **Pitocin:** This medicine is given in IV fluid. Pitocin (oxytocin) is the same chemical your body makes that causes uterine contractions.

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