



# Patient Information Sheet

RVH Birthing Centre

## INDUCTION OF LABOUR FREQUENTLY ASKED QUESTIONS

This information sheet aims to answer some commonly asked questions about induction of labour. **IMPORTANT:** This is general information only. Ask your health care provider for more information.

### What is an induction of labour?

Labour induction is the use of medications or other methods to help you go into labour before it begins on its own with the goal of having a vaginal birth.

### What is the difference between a spontaneous labour and induced labour?

Most of the time, if you go into labour on your own there is a latent phase (which may last from a few hours up to a few days) that leads up to real labour. When you are induced, we shorten that latent phase to just a few hours, so the contractions begin and increase faster than they would if you were to go in to labour on your own.

### How do I know if I should be induced?

If induction is recommended, your doctor will help you make an informed decision about it. In most cases, it should be initiated only when there is a clear medical indication for you and your baby, and the expected benefits outweigh the risks.

### Why do I need to be induced?

Your doctor may recommend inducing your labour if there is a concern for you or your baby by continuing the pregnancy.

These reasons may include:

- The pregnancy is past the due date by one week or more (the most common indication for induction of labour)
- The bag of water (amniotic membrane) has broken with no signs of labour
- Infection of the membranes (chorioamnionitis)
- You have health problems (e.g., high blood pressure, diabetes or heart problems)
- The baby has health problems (e.g., growing too slowly)

### What does cervical ripening mean?

Your cervix needs to soften and thin for labor to begin. This first step of induction of labour is called cervical ripening.

### How do you induce my labour?

The method to initiate labour depends on whether your cervix is open or closed. Before any interventions or medications are initiated, your health care team will assess your cervix, monitor you and your baby and discuss the various options with you. Your labour may be started by using one or more of the following methods:

#### Balloon Catheter

A catheter with a small balloon inflated with water is inserted into your cervix by the doctor to stretch it open. This causes a local release of prostaglandins. Prostaglandins are responsible for softening and thinning your cervix. The catheter will be left in place for up to 24 hours. This method is usually followed by an oxytocin infusion. You may be admitted to the antepartum unit or the doctor can decide to send you home with the balloon catheter.

If you are going home with a balloon catheter, you can find the instructions on the MUHC website :

<https://muhc.ca/obstetrics-and-gynecology/preparing-for-your-baby>  
"Going home with a balloon catheter information sheet"

#### Cervidil

It is a prostaglandin medication on a string that looks like a tampon. The string is tucked up into your vagina. It works by causing contractions. The Cervidil stays in for 12 hours then removed. At that point, the team will re-examine your cervix and decide whether you need a second dose, or whether you can go on with oxytocin infusion.

#### Misoprostol

It is a prostaglandin pill. It works by causing contractions. It can be taken by mouth or inserted in your vagina every 4 hours. Your healthcare provider will determine which route is the best. Several doses may be needed.

#### Oxytocin

It is a medicine given through an IV (intravenous) line infusion in your arm. It works by causing contractions. It is usually initiated after the use of cervical ripening agents listed above (catheter, Cervidil, misoprostol). If your cervix is dilated enough, it can be started right away. It is always given in the hospital.

#### Rupturing of the membrane (amniotomy)

It is a procedure in which your doctor uses a small plastic hook to break your bag of water (amniotic membrane). Your cervix needs to be dilated enough before this procedure is done. In most cases, it is used in combination with an oxytocin infusion.

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### What to expect with these methods of induction?

- You will need to stay in hospital until you give birth unless the doctor sends you home with a balloon catheter.
- Your healthcare team will attach monitors to your belly. These will measure your contractions and help make sure your baby is tolerating the induction of labour.
- It is normal to feel some back pain and menstrual like cramping after insertion.
- You may have some spotting or pink discharge from the vaginal examination.
- In rare cases, contractions may start quickly and happen too often. If this happens, the nurse or the doctor will stop/remove the medication or provide other means to help slow or stop the contractions.

### How long will it take?

Many factors affect how long it will take for you to give birth. Most women give birth within 24-48 hours, however it can take as long as 3 days, especially if your cervix is closed.

### Is labour induction always effective?

In rare cases, labor induction does not work. You may need to try two different methods of induction or a cesarean birth may be needed. Your doctor will discuss your options with you.

### Can I be induced if I had a previous cesarean section?

If you had a previous cesarean section, some methods cannot be used. You can discuss your options with your doctor.

### Learn more about

what to expect the day of your induction.

This information sheet can be found on the MUHC website.

### Questions

It is normal to have questions and to feel some anxiety about inducing your labour. Make sure to talk your doctor or your nurse about your questions or concerns.



### Contact us

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