

WHAT TO EXPECT THE DAY OF YOUR INDUCTION OF LABOUR

The big day has finally arrived! You are being induced and will soon meet your baby. This pamphlet will help you prepare for your induction and serves as an information tool on what to expect the day of your induction.



Your induction is planned for:

Date: _____

HOW IT WORKS?

Once your doctor determines that you should be induced, your name is added to the induction waiting list for the requested date. This list is prioritized every evening by the obstetrician on call by degree of urgency.

To prepare for your induction, please make sure you have the following items ready to bring:



Hospital bag *
(for you and baby)



Medicare card
and hospital card



Baby car seat



A list of your current medications
(including insulin orders)



Copy of your ultrasound
reports and blood tests if
not done in the hospital



Camera



Snacks



Private cord blood
collection box
(if applicable)

Do not bring :



Valuable items
(jewelry, money)



* What to bring in your hospital bag?
Detailed on this [page](#).

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The day before your induction



The birthing centre clerk will only call the patients most likely to come in the following day.



You can eat normally and make sure to have a good night of rest.



Please make sure you have your hospital bag ready and your phone turned on and next to you.

The day of your planned induction



5am-9am

Expect a call from the birthing centre clerk early in the morning (between 5-9am) to come in. You may also be called later in the day or evening depending on the unit's level of activity and staffing.



Do not present yourself to the birthing center if no call has been made for you to come in.



As beds get occupied quickly in the birthing center, you should be ready to come in as soon as you receive the call (within the next hour or two).

If you were not called on the planned date

1) Your name is added to the list for the following day.

2) If we cannot induce you on the planned date, we may ask you to come in for a nonstress test (NST) to monitor your baby's wellbeing. A normal NST indicates that your baby is well.



If you have any questions or concerns while you are waiting to be called for your induction, do not hesitate to call the birthing centre for assistance.
Birthing Centre phone number: 514-843-1592

WHAT TO EXPECT THE DAY OF YOUR INDUCTION OF LABOUR

Admission



At your arrival to the hospital, have your hospital card and medicare card ready for admission. At the Admitting booth, tell them you are scheduled for an induction of labour. They will give you papers to bring to the Birthing Centre.

Location

- 7am-3pm: Admitting office right beside the OBS clinic (Block C south, level 6, room 1250)
- 3pm-11pm: Adult Admitting office on the ground floor (RC level, room 0046)
- 11pm-7am: Admitting on the Adult Emergency department (Block C, S1 level, Room 3300)

Once the papers for admission are filled out

- 1) Head straight to the birthing center triage (Block C south, level 6).

- 2) Give your papers to the triage nurse.



- 3) The triage nurse will advise the nurse in charge and the doctor of your arrival. You will be asked to wait.

- 4) The health care team (medical student, doctor and nurse) will ask some questions about your pregnancy and your health.



- 5) The doctor will perform a vaginal examination to determine what method of induction will be used. An ultrasound may be done to determine the baby's position.



- 6) Depending on the method of induction used and the level of activity on each unit, you will either go to the antepartum unit to start your induction or directly to the birthing centre.



IMPORTANT TO NOTE

There is a chance that when you arrive you will be asked to wait longer than expected. If this happens, it is because the unit is very busy. In rare cases, you may be asked to return later in the day, evening or possibly the next day.

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Day Program

1) Once admitted to the respective unit (antepartum D06 or Birthing centre C06), the nurse will:

- Take your vital signs (blood pressure, pulse and temperature)



- Listen to your baby's heart rate by installing a foetal heart monitor on your abdomen for 20-30 minutes



- An intravenous catheter may be started if one of these methods are chosen: Cervidil, Misoprostol or oxytocin.



- Discuss your birth plan, pain relief options and wishes for your delivery



2) Starting the Induction:

- Any intervention initiated will be explained beforehand by your team and always with your consent

- In the early phase (first hours) of an induction regardless of the method chosen, you may feel menstrual-like cramps or/and back pain. This is a good time to discuss with your healthcare team if you haven't yet about the pain relief options you are interested in (labour support without pain medication, epidural analgesia, etc.) before you have too much pain.

- In active labour, contractions will be more frequent and painful. You can ask for a pain relief method to help you cope with contractions.



Food

Verify with your nurse first for food policy and recommendation. Some exceptions may apply. Otherwise, in early labor, you can eat and drink normally. You can bring snacks from home. Once in active labour, we recommend a clear fluid diet such as water, clear broth, juice and Jello



Learn more about **the different methods of induction**
(brochure available on the MUHC website)
<https://muhc.ca/obstetrics-and-gynecology/preparing-for-your-baby>

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Day Program



3) What to expect from your health care team?

Obstetrician and residents:

- In the early phase of an induction or when cervical ripening medications are used such as Cervidil and foley/balloon catheter, very minimal vaginal examination or none will be performed for 12 hours (Cervidil) or 24 hours (balloon catheter) unless needed. If you receive Misoprostol, vaginal exams may be done every 4 hours. This medication can also be given orally and in this case vaginal exams may be less frequent.
- In active labour or when on oxytocin infusion, with your consent, regular vaginal exams will be performed by the medical team to assess the progression of your labour. If this makes you uncomfortable, make sure to discuss it with your nurse or doctor.
- In all cases, when the baby's wellbeing is compromised, vaginal exams may be done more often.

Nurse:



- During your induction, the frequency of fetal heart monitoring will vary based on the method used and the established protocols. If oxytocin is administered, monitoring will be more frequent and depending on your stage of labour.
- Depending on the situation (ex: if there is a concern with your baby), you may need to keep the fetal heart monitor on at all times.

4) Birth

Give yourself time. Even though inducing labor gets the process started, it may take some time. Most often it can take a day or so to give birth. But it can also take as long as a few days depending on your situation and how ready your cervix was before induction.



For more information on labour & delivery as well as food and visitation rules, ask your nurse or learn more on

“What to expect when you're expecting at the Glen”.

(Brochure available on the MUHC website)

<https://muhc.ca/obstetrics-and-gynecology/preparing-for-your-baby>