



Your Labour is Going to be Induced

Here is some information for you to take home

What is Induction of Labour?

Labour will start for about 60-80% of women without help. Induction is the starting of contractions before they occur naturally.

Why will I be induced?

Your Healthcare Provider (HCP) will discuss induction with you. The most common reasons for inducing labour are:

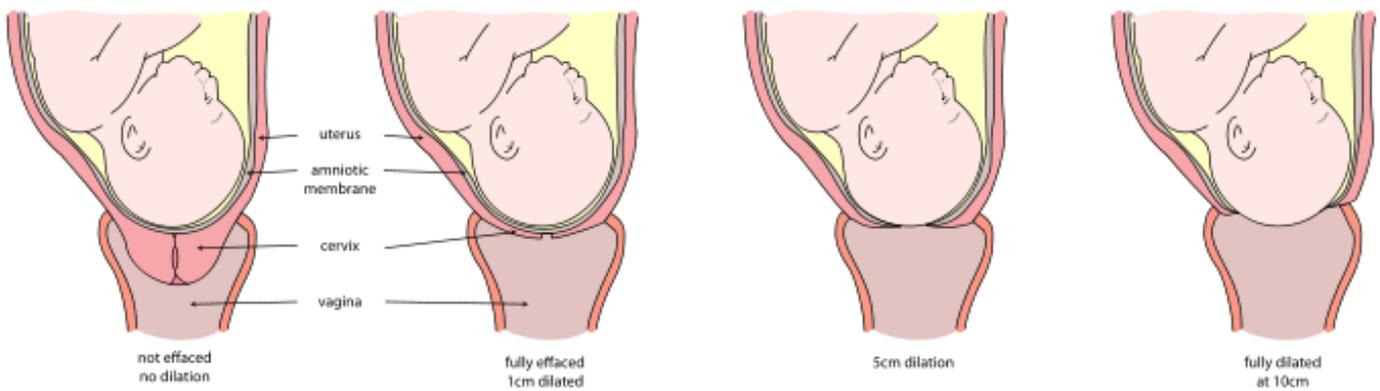
- Your pregnancy is beyond 41 weeks
- Your baby is not gaining weight or is growing too slowly
- You have high blood pressure caused by your pregnancy
- Your water breaks but labour does not start on its own

How will I be induced?

You may be asked to come to the Obstetrical Care Unit the evening before your induction day. The type of induction depends on the condition of your cervix (opening of/or neck of the womb).

- Is it soft or hard?
- Is it open (dilated) or closed?
- Is it thin or thick? (degree of effacement)
- Is it anterior (front of vagina) or posterior (back of vagina)

To determine the condition of the cervix, a vaginal exam will be done both when your induction is arranged and prior to the start of your induction. When you come for prostaglandin administration or Foley catheter insertion to start your induction, please bring your overnight bag.



Cervical Ripening / Preparation:

Foley Catheter

If your cervix is closed or only slightly open, you might need to have a Foley catheter inserted into your cervix. The catheter is a latex tube with a small inflatable balloon tip at one end. A speculum is used for its insertion, much like when a pap smear is done. You might feel some cramping, pressure and/or a small amount of bleeding following the procedure. The purpose of the catheter is to cause your cervix to start to soften and open. Your contractions and your baby's heart rate will continuously be monitored for one hour after the catheter is inserted and prior to discharge. The catheter may or may not fall out. If it does, discard it. If you have heavy bleeding, leak clear fluid or have regular contractions, come to the hospital. The following morning you will return to the hospital and have your membranes ruptured. Oxytocin, a drug given through intravenous, is almost always needed in addition to the catheter.

Prostaglandins

Regardless of the condition of your cervix, your doctor may decide to use prostaglandins to induce labour and/or to prepare your cervix. All Prostaglandins require 1-2 hours of continuous monitoring of your contractions and your baby's heart rate prior to discharge.

- Cervidil is prostaglandin in a small tampon that can be put under your cervix during an internal examination. It has a small string to allow its removal and releases a small amount of drugs continuously for up to 24 hours.
- Prepidil/prostin (gel) is administered by the physician into the cervical canal with a speculum examination similar to a pap smear. It is in a gel form and requires monitoring after insertion.

Ways to Start Your Labour

Prostaglandins can also be used as an induction agent to start labour.

Break your water (artificial rupture of membranes)

If your cervix is soft and open, the membranes can be broken to help start your labour. During a vaginal examination a small plastic hook is used to break the sac of water surrounding your baby. It will not harm you or your baby. There may be some discomfort during the procedure. After your water is broken, you will likely stay in hospital until you have your baby.

Oxytocin

If your cervix is ready then Oxytocin is the preferred way to start labour. It is a drug, like the natural hormone produced by your body, which is given continuously through an intravenous to start labour. Oxytocin can also be used with other methods to start or help your labour. Oxytocin is only given to patients who have been admitted to hospital.

What are the risks of inducing your labour?

Being induced is a safe procedure when supervised by qualified physicians in a hospital setting. The risks and benefits of induction need to be discussed with your Healthcare Provider.

What will happen to me?

You may have many things happen to you during the induction process.

- You may or may not have an intravenous
- You may or may not have monitors put on you to keep track of contractions and your baby's heart rate. This may require you stay in your room for long periods of time and may prevent ambulation.
- You will have blood specimens taken from you.
- You may ask your Healthcare Provider about the hospital's procedure at any time.

On the Day of Your Induction

The Obstetrical Care Unit may be busy. Please understand that we cannot always start your induction at the booked time because it is never known how many women will arrive in active labour at any time on any day. Waiting may be difficult but totally unavoidable. We will make every effort to start your induction as soon as possible. Please direct any of your concerns to the Charge Nurse or Manager of the Maternal Infant Child Program.

When You Arrive at the Hospital

You may go directly to the Obstetrical Care Unit. There you will be admitted and a health history will be completed by the nurses and the medical staff.

Specific Instructions/Questions:

Maternal, Infant, Child Program, Ext. 8440
Bluewater Health, Sarnia
89 Norman Street, Sarnia, Ontario N7T 6S3
Telephone: 519-464-4400