



Induction of labour

An induction of labour is a process to start labour. It may include one or more of the following: membrane sweeping, Cervidil® inserted into the vagina, a balloon catheter, breaking your membranes and/or a Syntocinon® drip.

You may be offered Induction of labour because continuing with your pregnancy may cause risks to you or your baby's health. Some of the common reasons why induction may be offered to you include:

- Your waters have broken before labour starts on its own
- You have diabetes in pregnancy
- You are overdue (more than 41 weeks)
- Your baby is not growing well or is small for your due date
- You have high blood pressure in pregnancy
- You have had serious bleeding in pregnancy
- There are concerns about your baby (low fluid around the baby, fewer fetal movements)
- Your age (40 years and over)

Induction methods

Membrane sweeping

During a vaginal examination your midwife or doctor places a finger just inside your cervix and makes a circular, sweeping movement to separate the membranes from the cervix. This has been shown to increase the chances of labour starting naturally within the next 48 hours and can reduce the need for other methods of induction of labour.

Cervidil®

Cervidil® is a tape that has a hormone inside it that helps to soften and open the cervix. It is inserted into the vagina. This is done in the Women's Acute Assessment Unit. After the Cervidil® is inserted, your baby will be monitored for 30 minutes. The Cervidil® will remain in place for 24 hours. You may need more than one dose to soften and open the cervix.

You may be able to go home if the monitoring of your baby is good after you have had the Cervidil® inserted and you are not considered to be a high risk pregnancy.

Balloon catheter

In some cases a special catheter is used to prepare the cervix instead of using Cervidil®. The catheter may be used if you have had a caesarean birth previously or if there is only a small amount of fluid around your baby. This catheter is inserted through the vagina and cervix and a small balloon is then inflated to put pressure on the cervix and help it to soften and open.

Balloon catheter and Cervidil®

The cervix takes some time to soften and open. If needed, we can use both the Cervidil® and catheter to help you into labour.

Softening and opening of the cervix can take three or more days before you are in active labour.

These two or three day processes give you the best chance to achieve a vaginal birth after induction of labour. We aim to keep to your booked day for induction, but occasionally it could be delayed or postponed due to a higher than normal number of births that day or emergency cases. We appreciate your understanding if this occurs.

Rupturing membranes

A midwife or doctor will make a hole in the bag of water that surrounds your baby. This is done during a vaginal examination with a small instrument. This can only be done once your cervix has softened and is beginning to open.

Syntocinon® drip

Once your waters have been broken, your midwife will start a drip which has a medication called Syntocinon® in it. Syntocinon® is a man-made hormone that will make your uterus contract and cause labour to begin.

Risks of an induction

- The amount of time your induction takes may make a difference to the type and amount of pain relief you require. It may also mean you are unable to walk around freely or use the pool.
- Induction can sometimes be more painful than spontaneous labour.
- There is a chance that artificial hormones can over stimulate the uterus causing too many contractions. This can sometimes result in stress to your baby and you may require extra medication to relax the uterus.

- After your waters are broken you may require a Syntocinon® infusion to ensure good, regular, strong contractions. You and your baby will be monitored closely.
- There is a chance that Syntocinon® can over stimulate the uterus and sometimes this can result in stress to your baby. This can be a serious complication, especially if you have had a previous caesarean section.
- An epidural for pain relief is more commonly used in women having an induction.
- There is an increased risk of needing an instrumental delivery (ventouse or forceps) or a caesarean.

If your induction is not successful, your midwife and a doctor will discuss the options with you so you can make an informed decision about either continuing with the induction or delivering your baby by caesarean.

What if I don't want an induction?

Your doctor and midwife will discuss the risks and benefits of induction with you. After this discussion a plan for alternate care will be made and clearly documented in your medical record.

Scan the QR code for more information and resources



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