

Induction of Labour

How long does the induction process take?

It can be hard to predict how long your baby will take to be born. It might be shorter if you have had a baby before, or your cervix is more 'ready' at the beginning. Your contractions might start as your cervix softens and opens. You may need to repeat the induction depending on your cervix response but usually you will also need oxytocin

What are the risks with induction?

The risks can depend on your individual circumstances and also on the method of induction. Talk to your doctor or midwife about your situation. Please note that induction does not always work for some women.

Induction of labour can increase the:

- Use of monitoring equipment
- Labour may be more painful than natural labour
- Risk that your uterus will start contracting too frequently.
- This can affect the pattern of your baby's heart rate. If this happens, you may need a drug to stop the contractions
- Not all inductions are successful, so a caesarean section may be discussed with you if the induction is not successful.

Pain relief

Support and pain relief will be offered according to your needs

What happens if my induction does not work?

If you do not go into labour with the different methods, your midwife and obstetrician will discuss the options with you and your partner.

Depending on your pregnancy and your overall health, the options will differ but can include:

- 24-hour rest – in some cases we will stop the induction, rest for 24 hours and then start the induction process again.
- Caesarean section

Day of admission to hospital.

- All mothers for induction will be admitted to the hospitals, preferably in the morning to the Induction of Labor unit.
- When you arrive a nurse or midwife will show you your room, and check your blood pressure, temperature and pulse.
- The baby's heartbeat will be monitored electronically for about 30–60 minutes.
- The doctor will examine you internally for assessment of the cervix .

How can you help with the induction process?

- Be prepared by attending parent education
- Have a supportive birth partner
- Continue to eat and drink especially things to give you energy
- Keep active and try to use upright positions in labor but also have some resting time
- Use a bath or have showers to help you relax during early labor
- Discuss pain relief with your doctor or midwife so you know what options are available to you.

For more information, please call Patient Family Education at:

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Induction of Labour

What is induction of labor?

Induction of labor is the process of artificially stimulating the uterus to start labor. It is usually performed by administering medications such as oxytocin or prostaglandins to the pregnant woman, or by artificially rupturing the bag of water. In most pregnancies labor starts naturally between 37 and 42 weeks, leading to the birth of your baby.

Why is induction of labour needed?

Induction will be recommended for you when giving birth is considered safer than staying pregnant

- The most common reason for induction is to prevent your pregnancy lasting well beyond your estimated due date. The indication for induction in such cases will be postdated, therefore induction will be recommended any time after 41 weeks. Being pregnant for too long increases the risk of many complications including stillbirth.

Other reasons for inducing labor are:

- You have high or rising blood pressure
- You have diabetes
- Your baby is not growing as expected
- You or your baby have a medical condition and your baby needs to be delivered sooner rather than later.
- If your waters break and labour does not start after 24 hours

Your doctor or your midwife to discuss with you about

Why an induction is being recommended to you

- The risks to you and your baby if you wait for labour to start naturally.
- The risks and benefits of inducing labour.
- The method of induction most suitable for you.
- When, where and how induction usually happens
- What will happen if the induction does not work.
- The benefits of having a membrane sweep
- Informed Consent giving us the permission to carry out the induction

What are the benefits of induction of labor?

The benefits vary according to the reason for the induction but ultimately it is to encourage a safe birth.

What if you don't want to be induced?

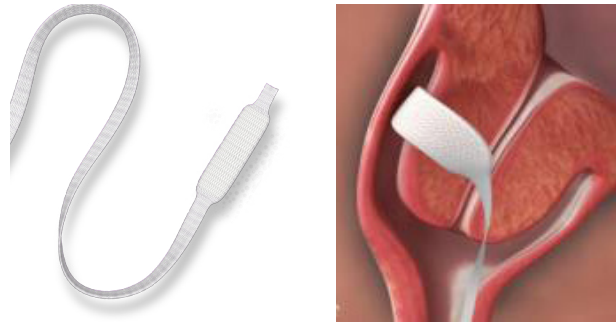
You will always have a choice in the care given to you and we will discuss what other options are available to you. It is important that you understand both the risks of waiting and the risks of induction. This will help you decide what is right for you. Some women may choose to wait and see if labor starts naturally. Talk to your doctor or midwife about any questions or worries you may have.

Methods of induction

1. Prostaglandin

Available in 3 different forms namely:

- A gel or tablet (reassessment after 8 hours of insertion)
- Propress (pessary like a small tampon) Usually stays in your vagina for 24 hours if no contractions have begun, or it has not fallen out.



This is inserted into your vagina to help your cervix to ripen causing it to soften and open (dilate). You will need to lie down for at least 60 minutes afterwards to help it work on your cervix. Your baby's heart rate will be monitored before and after insertion.

You may need more than one dose of prostaglandin. When the prostaglandin takes effect, your cervix will be soft and open, and the next step can begin. Some women may have their membranes ruptured (waters broken) sometimes this may happen naturally. Some women may go on to require cytokinin to stimulate contractions.

2. Balloon catheter (with one or two balloons)

Prostaglandins may not be suitable for you if you've had a previous caesarian section or a reaction to prostaglandins in the past. This option may be offered to you.

A soft thin tube (balloon catheter) is placed inside your cervix and a small balloon is inflated with water to keep the catheter in place. The balloon helps the cervix to soften and open up (dilate). The balloon catheter is usually left in for about 12 hours. Sometimes the catheter will fall out by itself as your cervix opens.

3. Artificial rupture of membranes (breaking your waters)

If your waters have not yet broken, artificial rupture of membranes may be recommended. This is when your doctor or midwife makes a small opening in the membranes around your baby. This allows the fluid around your baby to drain out and can sometimes be enough to get your contractions going. Walking around afterwards may help your contractions start. If required, this method is performed in labour ward and not on the IOL unit.

However, some women will also need an artificial oxytocin infusion to start their contractions and your baby's heartbeat will be monitored very closely

4. Syntocinon

Syntocinon is an artificial oxytocin in an intravenous (IV) drip used to start or increase your contractions. It is usually only started after your waters have broken. Your baby's heart rate will be monitored with a Cardio Toco Graph (CTG) machine during this process and throughout your labor.

What is membrane sweeping?

This is not a formal method of induction, but it can help stimulate the release of natural prostaglandins (hormones) and encourage labour to start naturally. During a vaginal examination, your doctor or midwife uses their finger to separate the membranes around your baby from your cervix. The procedure can be uncomfortable, and you may see a blood-stained mucous and contractions afterward. You do not usually need to stay in hospital. Sometimes more than one membrane sweep is recommended. It is also other safe way to start labor