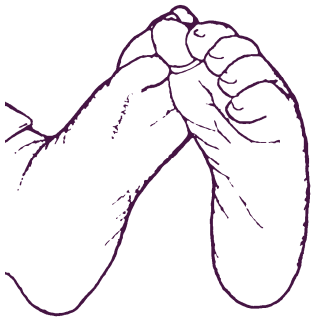

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Induction of Labour

Most women who are planning to have a vaginal delivery will labour spontaneously at some time around the due date. Some women however will be advised to consider bringing on the labour - an induction of labour. Both spontaneous and induced labours are painful and tiring and pain relief options are available for both.

Reasons for induction

For the wellbeing of the baby – for example, if the baby has stopped growing, if you are 7 days overdue, if you have pre-existing or pregnancy diabetes, if the waters have broken and labour has not started spontaneously

For the wellbeing of the mother – for example medical complications such as high blood pressure, pre-existing medical problems that may be worsening in pregnancy such as heart disease

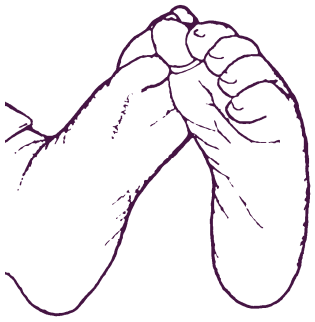
Timing of Induction

This varies depending on the reason and the facilities required in special circumstances. It is not uncommon for the entire process (inducing the labour and the labour itself), to take 1-2 and rarely 3 days. During this time you will be admitted to the hospital. You and the baby are monitored regularly and cared for in the delivery suite or antenatal ward. Your partner/support person may stay with you during the entire process.

Method of Induction

This depends on your cervix. If the cervix is starting to open, it is usual to break the waters (ARM – artificial rupture of the membranes) and in most circumstances a drip ('Syntocinon') is started to stimulate contractions. It is important to have the monitor (CTG) on to detect the frequency of contractions and the baby's heartbeat pattern. It is variable how soon the contractions will commence. For some women the contractions will be felt within the first hour and for some it will take several hours before the contractions are becoming painful.

If the cervix is closed, it needs to be opened so that the waters can be broken and the process outlined above begun. The options for this process



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are either to insert a small balloon ('Foley catheter') to stretch open the cervix or to use a hormone gel ('Prostin Gel'). If the hormone gel is used, some women will require only one dose and some will require 2 or 3 doses. Some women will go into labour after the gel. Other women will have some period pains after the gel, which will then disappear in time, and they will only go into labour after the waters are broken and the drip is started.

A common scenario is to come into hospital in the early evening, have the heartbeat monitor on to check the baby, have an internal examination and a dose of gel put into the vagina. The monitor is then kept on for about another hour. It is then time to try to get some sleep. About 4-5 hours later (by now late that night), the monitor is put on again to check the baby. Unless contractions are present, if the cervix is still closed, another dose of the gel is given and the baby is monitored. It is then time to sleep and often sleeping tablets will be recommended. The next morning the baby is monitored again and hopefully the cervix will have started to open and the waters will be broken and the drip for contractions commenced. The monitor then stays on to make sure that the baby is well throughout the labour.

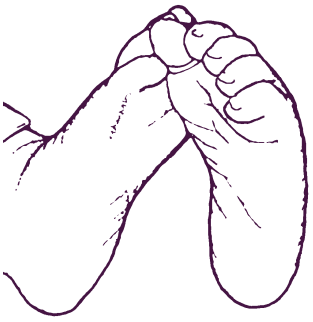
Risks with induction

Despite all of the medications available to induce labour, it is not possible to stimulate labour to commence in some women. In this circumstance, a caesarean is offered.

In some circumstances it may be taking too long for the labour to be induced if the mother or baby are becoming unwell and in this situation a caesarean would be recommended.

Some women will have too many contractions after the hormone gel. This can cause the baby to become distressed and a caesarean may be necessary. Some women will have too many contractions with the syntocinon drip, however in this circumstance the drip can be stopped or reduced.

Breaking the waters (ARM) can be associated with the umbilical cord falling through the cervix if the baby's head is not engaged or if the cord was already in front of the baby's head. It can also be associated with an increased risk of infection.



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Rarely induction of labour can increase the chance of uterine rupture, amniotic fluid embolism (the fluid around the baby leaking into the mother's bloodstream), bleeding and hysterectomy.

In all situations the risks and benefits are always weighed up. No induction would be commenced without an agreement between my patient and myself that the benefits are clear.

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