Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

Induction of labour methods

Patient information

What is an induction of labour?

An induction of labour (IOL) is an artificial way of making you go into labour.

IOL usually involves two stages:

- The opening and softening of the cervix (known as cervical ripening)
- Breaking the water (known as rupturing the membranes) and having contractions.

Stage 1: Cervical ripening

The type of cervical ripening recommended to you depends on a few factors:

- How 'ripe' your cervix is at the start of the IOL (determined by vaginal exam)
- The reason for your IOL
- Your informed choice.

The different types of ripening techniques will be discussed when your IOL is booked. However, it's important to note that on the day of your IOL, the recommended method may need to change. This could be because you're more dilated than before, or there has been a change in risk factors. This will be discussed with you.

Some women will not require cervical ripening as the cervix may already be open enough to rupture the membranes.

Sometimes one type of ripening isn't enough to change the cervix. If this is the case, this will be discussed with you, your support person and your care team to determine the best next steps.

This could be:

- Trying a second type of cervical ripening
- Going home for 24 hours and returning to try again
- Having a caesarean.

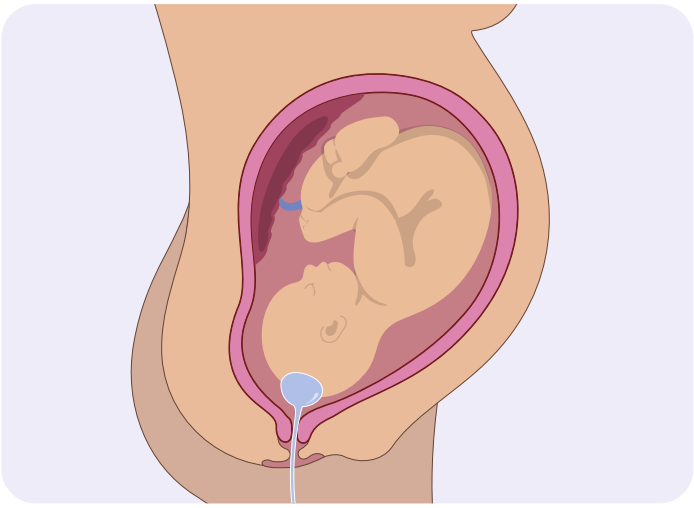
Balloon catheter ('C80')

This method involves inserting a small, thin tube through the cervix with a speculum exam. Once in the correct place, a balloon at the end of the tube is filled with sterile water. The tube is taped to the inside of your leg on tension.

A vaginal examination is conducted with your consent at the end of the procedure to ensure the balloon remains in the correct place.

The pressure of the balloon on the inside of the cervix encourages the cervix to soften and open. The balloon remains in place for 12 to 24 hours, or until it falls out, whichever comes first.

In some situations, you may be able to go home with the balloon in place and return the next day for a review.



Oral misoprostol

This method involves taking an oral tablet every 2 hours for a set number of doses or until your waters are ready to break.

It works by softening the cervix and causing some contractions that encourage the cervix to open.

It may take up to 3 days to work; however, evidence shows that more than 60 percent of women only need 1 day of tablets, and 80 percent need only 2 days of tablets.

Vaginal prostaglandins

This method involves placing medication known as prostaglandins inside the vagina near the neck of the cervix. This is done during a vaginal examination with your consent.

The medication comes in two forms - a gel that is inserted with a syringe or a small suppository that is placed behind the cervix.

These medications take between 6 and 24 hours to work.

Stage 2: Breaking the waters and starting contractions

Once the cervix is soft and open, the membranes can be ruptured (also known as “breaking the waters”).

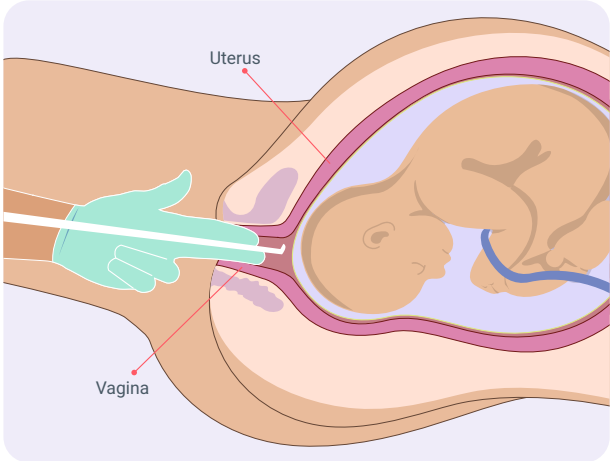
To rupture the membranes, a vaginal exam is done with your consent, and a small hook creates a hole in the balloon around the baby. The fluid will leak through this hole and will continue to drain for the rest of the labour.

Once the membranes have been ruptured, most woman will need a medication infusion called oxytocin to help create strong, regular contractions. The oxytocin infusion is started at a low rate.

The goal is to achieve 3 to 4 strong, regular contractions within 10 minutes. The rate of the medication can be increased and decreased to work alongside your body to avoid too many contractions (over-stimulation of the uterus).

It is recommended that progress be closely monitored, which may include CTG monitoring of the baby, vaginal exams and checking the condition of you and your baby.

Your healthcare provider will be able to provide more individualised recommendations about assessments for you.



Further information

Please speak to your midwife and/or doctor and they will be able to direct you to the information most appropriate to your clinical situation.

For more information about IOLs, please ask your healthcare provider for the Induction of labour flyer or scan the QR code.

CONSUMER REVIEWED

The information provided is for information purposes only. If you are a patient using this publication, you should seek assistance from a healthcare professional when interpreting these materials and applying them to your individual circumstances.

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