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

Induction of labour

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 waters (known as rupturing the membranes) and having contractions.

Why is an IOL recommended?

There are many reasons you may be offered an IOL. If you are recommended one, these reasons will be shared with you, your care provider and your support person (if you wish). The main reasons for IOL include:

- Your waters have broken ("spontaneous rupture of membranes") and you haven't gone into labour
- Your pregnancy is prolonged past 41 weeks
- There are concerns about your wellbeing, or your baby's.

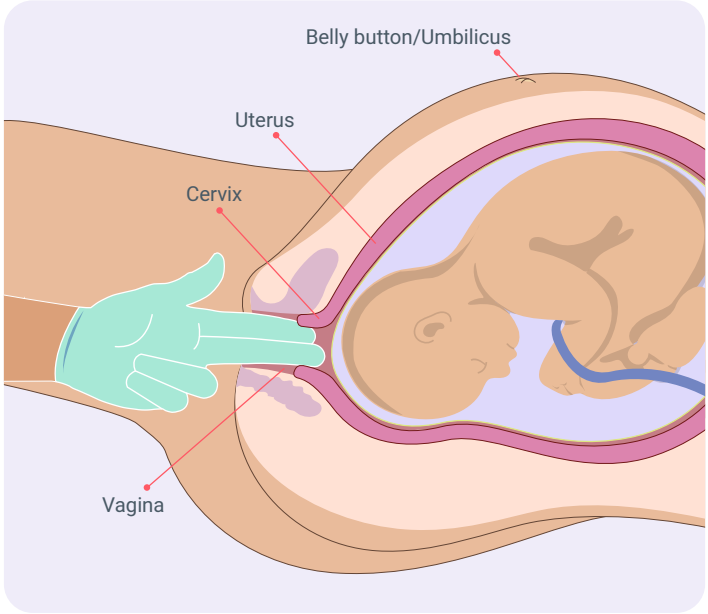
Every Week Counts

Every Week Counts is an initiative to empower women to make informed decisions around their pregnancy and birth.

Most babies are born close to their due date with labour starting naturally. This is usually best for you and the development of your baby.

However, if there are concerns about you or your baby, an earlier delivery may be recommended. The reason for IOL, as well as the risks and benefits, will be discussed to help guide your informed consent.

For more information about Every Week Counts, please visit www.everyweekcounts.com.au.



What is the IOL process?

- A midwife will contact you and let you know when to come into hospital.
- On arrival, the midwife will do an assessment, including a cardiotocography (CTG) to listen to the fetal heart rate.
- The assessment will also include a vaginal examination (VE) with consent.
- Following assessment, the most appropriate cervical ripening method will be recommended (see below).
- There will be regular checks of your vital signs and contractions throughout the ripening process. This will include regular monitoring of the fetal heartrate and fetal movements.

What should I expect?

- IOL is a lengthy process, and the ripening stage may take up to 48 hours. It is likely you will stay overnight for your ripening method.
- You may require a cannula (also known as an IV drip) if you require the hormone medication for the labour.

- It is recommended that the baby's heartbeat be listened to throughout the ripening stage. The level of monitoring of you and your baby will depend on your risk factors. This will be discussed with your clinician throughout your induction journey.
- The information is transcribed onto a monitor where your care team can review how the baby is tolerating labour. The monitors can restrict your ability to move as freely as you wish; however, best efforts will be made to support your labour management plans. Please speak to your midwife about monitoring requirements for you and your baby.

Will my IOL date change?

The IOL will be booked on a day that allows for the safest level of care. On occasion, it may be safest to postpone your induction to another day. Reasons for delay may be:

- An increase in activity in the labour ward and the hospital, meaning beds and staffing are more restricted
- IOLs are prioritised in order of individual risk factors, which may mean another induction needs to be prioritised. In these situations, individual cases will be reviewed by the medical and midwifery team and the decision discussed with you.

If your IOL is delayed, you will be asked to attend an assessment to ensure that it is safe to do so. The urgency of IOLs is reassessed on a regular basis, so if your IOL becomes more urgent you will be prioritised.

What type of IOL will I have?

The type of IOL you will have depends on the reason you're being induced and whether your membranes (waters) can be broken or not.

Please scan the QR code to view a flyer on the methods of IOL. This will also be discussed with you during the booking process.

What are the risks of an IOL?

As with any medical procedure, there are some risks of having an IOL, which are balanced against the risks of continuing the pregnancy. These risks are:

Labour doesn't start

Your cervix may not open enough to break your membranes (waters), or you may not go into labour with the hormone/oxytocin drip.

If this is the case, the recommended steps will be discussed with you, your support person and your care team. These decisions are based on your individual situation, which will take into consideration the reason for an IOL and how well you and your baby are.

You have too many contractions

Giving medication to start your labour may result in too many contractions, or contractions that are too close together.

The time between contractions allows the uterus and placenta to provide oxygen to the baby – too many contractions or contractions too close together may mean that your baby gets less oxygen and may become distressed.

If this becomes an issue, the rate of medication may be adjusted or other medications given to stop the labour.

Cord prolapse

When the waters are broken, there is a small chance the baby's umbilical cord slips in front of their head into the vagina. If this happens, it is an emergency and the baby must be born immediately, usually by emergency caesarean section.

Is IOL uncomfortable?

The perception of pain is individual, and everyone's experience is different. It is important to communicate with your care team regularly about discomfort and pain and, if necessary, your midwife can facilitate both medication and non-medication types of pain management.

It is a good idea to be aware of your pain management options before you start the IOL process or go into labour. Women and Newborn Health Service (WNHS) offers education resources for many topics, including IOL. These can be accessed via:

- King Edward Memorial Hospital (KEMH) and Osborne Park Hospital (OPH) Parent Education departments
- WNHS Consumer Library, at KEMH, phone (08) 6458 1100
- Written resources such as the Pregnancy, birth, and your baby book (available on the WNHS website or from your healthcare provider).

What happens if I decline the IOL?

It is important that if you are considering declining an IOL, you discuss this thoroughly with your healthcare provider. They may recommend that you see a more senior clinician as well, to ensure you are safely counselled about the risks of continuing the pregnancy and the risks of being induced.

Additional monitoring of you and your baby may also be recommended. This could include ultrasounds, cardiotocographs (CTGs) and/or extra antenatal appointments.

The final decision whether or not to have an IOL is yours. The safety of you and your baby is our top priority.

How can I access 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.

KEMH patients: Contact the induction of labour clinical midwife specialist on 0447 359 541

OPH patients: Contact the midwife coordinator on (08) 6457 8021.

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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This document can be made available in alternative formats on request.

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