



INDUCTION OF LABOR

Most pregnancies last about 40 weeks. Some end a few weeks earlier and some end a few weeks later. The birth of a baby anytime between 37 and 41 weeks is considered normal. When your baby is “done,” labor usually starts on its own. Sometimes, however, if the woman or her baby is ill—or if the woman and her health care provider thinks it is safe—the health care provider may try to get labor started using medicines or other treatments. When this is done, it is called induction of labor.

How is Labor Induced?

There are many ways to induce labor. The method used depends on the condition of your body and your preferences, as well as the preferences of your health care provider. Some of the methods help your body get ready for labor and some make contractions start. The methods most often used to induce labor include:

- *Stripping membranes:* Your health care provider puts her or his finger into the cervix—the mouth of the uterus—and gently separates the bag of waters from the side of the uterus. This releases hormones that soften the cervix, making it easier to open. Sometimes it causes contractions and gets your labor started. Stripping membranes does not break the bag of waters and does not always make labor happen right away.
- *Prostaglandin gel:* Your health care provider may place this gel on your cervix. It causes chemical changes in your cervix that soften and prepare your cervix for labor. Sometimes this is all it takes to start contractions and get your labor started, and sometimes it just helps make your labor shorter once real labor starts or is induced with other methods listed next.
- *Placing a Foley bulb:* Your health care provider may insert a tube called a Foley bulb into your cervix, and then he or she inflates the small balloon on the end of the tube. The balloon puts pressure on the inside of your cervix and slowly opens the cervix. It may also start contractions and get your labor started.
- *Breaking your bag of waters (also called “rupture of membranes”):* Your health care provider may use a small hook, like a darning hook, to break the bag of waters. When this happens, the baby’s head may come down and help open the cervix. Chemicals in the waters (amniotic fluid) soften the cervix, cause contractions, and get your labor started. If you are in early labor breaking the bag of waters can make active labor come sooner.
- *Pitocin:* Your health care provider may ask the nurse in the hospital to start an IV—this is a fluid that will go into a tube and then into your arm. Medicine can be given in the IV fluid. Pitocin (oxytocin) is the same chemical your body makes that causes the uterus to contract. If you are given Pitocin through an IV, it is given slowly, so it may take a few hours or several hours before you are in active labor.

What is the Difference Between Induction and Augmentation?

If your labor has not started, induction can help get it started. If your labor has already begun, but is going slowly, your health care provider may use one or more of the methods listed above to speed up the process. This is called augmentation of labor.

Are There Risks to Induction?

Induction may make it more likely that you will have a cesarean section. Inducing labor too early may also be risky for your baby if she is not fully developed. For more information on making a decision about induction, see the reverse side of this sheet.

MAKING A DECISION ABOUT INDUCTION OF LABOR

Induction of Labor is A Good Idea If . . .

- You are very sick and your health care provider says you need to have your baby
- Your baby is sick and your health care provider says your baby will be healthier if born now
- You are 2 or more weeks past your due date

Induction of Labor is A Bad Idea If . . .

- You are healthy and your baby is healthy and you are less than 38 weeks along in your pregnancy
- Your baby is in a breech position (with his head up instead of down) or transverse (cross-ways)
- Your placenta is across the opening of your cervix (this is called placenta previa)
- You have had a cesarean section with an “up and down” (vertical) incision in your uterus in a previous pregnancy, and possibly if you have had other surgery on your uterus

Consider These Facts When Deciding on Induction . . .

- Do you know for sure when your baby is due? If you did not have a sonogram early in pregnancy and you do not have regular monthly periods, you may guess wrong, and your baby may be born before she is ready.
- On average, about 5 of every 100 women who start labor naturally without induction will have a cesarean section (C-section). Your risk of C-section is higher if:
 - *You are having your first baby:* For women having their first baby, 12 in every 100 will have a C-section if they start labor without intervention.
 - *You are having your first baby and your labor is induced:* If labor is induced for women having their first baby, 19 in every 100 will have a C-section. For women who have had a baby before, 10 in every 100 will have a C-section if their labor is induced.
 - *Your cervix is not ready:* When your body is ready for labor, your cervix changes. It moves forward in the vagina and becomes very soft. It starts to thin out and open. Your baby’s head drops lower. When labor is induced before the cervix is ready 16 in every 100 women will have a C-section.
 - *You are obese or over the age of 40:* Some studies show the risk of C-section is higher in these women.
- Is your health care provider a patient person? It may take 12 to 18 hours for induction to actually get labor started. Some studies have shown that a woman’s risk of having a C-section depends on the patience of her health care provider. The longer the induction takes, the more likely it is that a woman will have a C-section.
- Have you gone past your due date? Some studies have shown that you may actually decrease your risk of C-section if your labor is induced.

It is very important to talk with your health care provider about the pros and cons of induction, and find out what risks may be involved for you and your baby. Then you can make a good decision.

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