

INDUCTION OF LABOUR



آغا خان یونیورسٹی ہسپتال، کراچی

The Aga Khan University Hospital, Karachi



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Introduction

Induction of Labour (IOL) is a process of artificially starting labour. This leaflet is designed to give you information on what IOL is and how and why it is performed.

Why is Labour Induced?

If labour has not started naturally by your due date then you may be offered a date for IOL. There are certain medical and obstetric reasons for offering IOL. If it is offered, your doctor will explain the reasons and answer any questions you might have.

What Happens if you need to be Induced?

At the time of appointment the doctor will assess your general wellbeing, and that of your baby. Your doctor will feel your abdomen to see how your baby is positioned and will ask about the baby's movements. Your doctor may then suggest having an internal examination to assess the womb. You will then be admitted for IOL through your consulting clinic and are advised to report to the admission office at the suggested time.

How is Labour Induced?

Labour can be induced through various methods. The following steps may vary in sequence or be eliminated depending upon the patient's condition:

1. Intracervical foley
2. Vaginal prostaglandin pessary
3. Artificial rupture of the membranes
4. Intravenous oxytocin

1. Intracervical Foley

Under aseptic condition a foley catheter is inserted at the neck of the womb (cervix). Before and after insertion of Foley, the wellbeing of your baby will be assessed by checking the heartbeat of your baby through a Continuous Cardiotocographic machine (CTG).

2. Vaginal Prostaglandin Pessary

Prostaglandin induces labour by softening and shortening the cervix. This medicine will be inserted in the vagina by your doctor to help with the process of induction. Your baby's heart beat will be monitored again before and after insertion of the medicine.

Sometimes vaginal prostaglandin is sufficient to start off your labour, and you carry on by yourself. However, there is a chance that the labour does not begin after two doses of prostaglandin tablet. The doctor will then consider further options with you.

3. Artificial Rupture of the Membranes

This is also known as 'breaking the waters', and can be used if the cervix has started to ripen and dilate either by itself or by using vaginal prostaglandin. A doctor will carry out an internal examination and will make a small hole in the membranes, which will encourage the progress of labour.

4. Intravenous Oxytocin

This drug is given using a drip via intravenous cannula. It causes the womb to contract, and is usually used after the membranes have broken either naturally or artificially. The dose can be adjusted according to how labour is progressing. When using this method of induction, it is advisable to have your baby's heart rate monitored continuously using CTG.

Why might your Induction be postponed?

Doctors understand that when your labour is postponed it can make you feel quite upset. However, they will give you reassurance and arrange for your labour not to be too delayed, depending on your circumstances and those of the labour suite.



Benefits of IOL

- IOL may relieve a medical condition (such as pregnancy-induced hypertension) which may otherwise get worse
- Pregnancy is not prolonged beyond a date when the placenta may not function as well as it did earlier in the pregnancy
- Some women feel less anxious when they have a date for IOL
- IOL may be performed to prevent you getting an infection if your waters have broken and labour has not started

Risks of IOL

Sometimes the process of IOL may not work, in which case the doctor will discuss other options with you. Over-contracting of the womb may occur with either prostaglandins or oxytocin. Drugs can be given to reverse over-contracting in extreme cases.

IOL may take up to 24-48 hours to achieve delivery and may involve more vaginal examinations. There is a 15 per cent risk of having your induction failed which will result in the delivery by caesarean section.

The risks and benefits in your case will be discussed by your doctor.

Can you choose not to be induced?

If you don't want to be induced at the time when it is recommended, you should tell your doctor. However, it will be recommended to you that you visit the hospital for your check up and how your baby is doing. This may be done using frequent CTG and scans to check the water around the baby.