



# Labor Induction

*Helping you understand your procedure*

This handout describes labor induction. It repeats what you and your health care providers have talked about.

If you have questions, please ask your providers to explain anything you do not understand.

## What is labor induction?

*Labor induction* is the procedure to make labor begin. During labor induction, medicine you receive or procedures that are done will help your contractions start.

Labor induction is done for many reasons, such as:

- You are past your due date.
- You have a medical condition such as diabetes or high blood pressure that may put your baby at risk.
- Your baby has a birth defect.
- Your baby (or babies) may be small.
- The amount of your amniotic fluid is low.
- Testing suggests your baby is at risk of stillbirth.

Some reasons are more urgent than others. Labor induction is not usually done only for convenience or because of discomfort.

## How is the procedure done?

1. If your cervix is closed and thick, you may have a procedure to soften and begin to dilate your cervix (also called *ripening*). Often, this is done a day before the induction. There are several methods used to ripen the cervix. Sometimes, medicines or a catheter inserted into your cervix are used. You and your provider will decide which method, if any, to use. The medicines we usually use are Cervidil and Misoprostol. These medicines are inserted into the vagina.
2. If your cervix is already dilated, your doctor may start your induction by breaking your bag of waters.

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## Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC staff are also available to help.

Labor and Delivery:  
206-598-4616

Maternal and Infant  
Care Clinic:  
206-598-4070

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3. After your cervix is softened, or ripened, labor induction is usually done with a medicine called *oxytocin* (a hormone that your body naturally produces to stimulate labor). It is also known as Pitocin. This medicine is given through a vein, usually for several hours. If your provider plans to use a different medicine they will talk with you about it first.
4. While you are getting the medicine, we will check your baby's heart rate and your contractions with an electronic fetal monitor.
5. The length of labor depends partly on how dilated, or "ripe," your cervix is when you start labor. Most times, the more dilated you are, the quicker your labor will be. Also, if you have already given birth, labor may be faster for you.

## What are the possible risks and complications?

Before agreeing to labor induction, you should understand the risks involved. Steps are taken during the procedure to lower the chances of having a complication, but it is not possible to completely eliminate the risk of complication.

The risks listed here are well-known, but there may also be risks not on this list that your doctors cannot predict.

- There is a chance of Cesarean section delivery, especially for first-time mothers. For these mothers, the risk of having a Cesarean section is greater with labor induction.
- There is a chance you will have a longer labor, which may lead to a higher chance of delivery with a vacuum or forceps.
- You may have side effects from the medicine. For example, you might have contractions that are too close together. This could affect the baby's heart rate. A fetal monitor will be used to check your baby's heart rate during labor induction.

If you have any questions about labor induction or its risks, benefits, or alternatives, ask your provider before consenting to the procedure.

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