

## About Your Induction of Labor

*This handout describes a labor induction and what to expect if you are having one. In this handout, “birthing person” means the person who will have the labor induction and give birth. “Provider” means your doctor or midwife.*

### What is an induction of labor?

An induction of labor is when your provider helps your body start labor before it goes into labor on its own.

### What are reasons for an induction of labor?

There are many reasons your provider might recommend an induction of labor. These reasons may include:

#### Medically Indicated

If there are health concerns about the birthing person or the baby, an induction is **medically indicated**. These inductions sometimes occur as early as 37 weeks of pregnancy.

#### Elected Induction

Some birthing people choose to have an induction of labor after 39 weeks of pregnancy, but before their due date. This is called a **risk-reducing induction** or **elective induction** of labor.

#### Post-dates Induction

If the pregnancy goes past 41 weeks, many providers recommend an induction of labor. This is called **post-dates induction**.

### Planning Your Induction of Labor

Birthing people with medical indications are prioritized when scheduling patients for inductions. If your provider recommends an induction of labor, they will discuss why they recommend it. They will also discuss the benefits, risks, and other options.

When you and your provider decide that a **medically indicated** induction is needed, you will be added to the Labor and Delivery induction schedule for a specific day.

- An appointment will appear in your MyChart account to hold the spot.
- The actual time for your induction will be determined on the day you are scheduled.
- There is a chance that your induction may be delayed and not start on the day you are scheduled.
- The Labor and Delivery staff will contact you to provide an arrival time or let you know if your induction admission will be delayed.

When you and your provider choose a **risk-reducing or post-dates induction**, or if you choose **elective induction**, your name will be added to the Labor and Delivery wait list for the soonest date allowed. This will be no earlier than 39 weeks.

- As soon as there is space available, the Labor and Delivery staff will call you for your induction admission invitation.
- You may be called on the first day you are on the wait list, or it could be several days before a bed is available for you.

We know it is hard to wait for such a big event! Please know we are always considering your needs and will bring you in for induction as soon as possible.

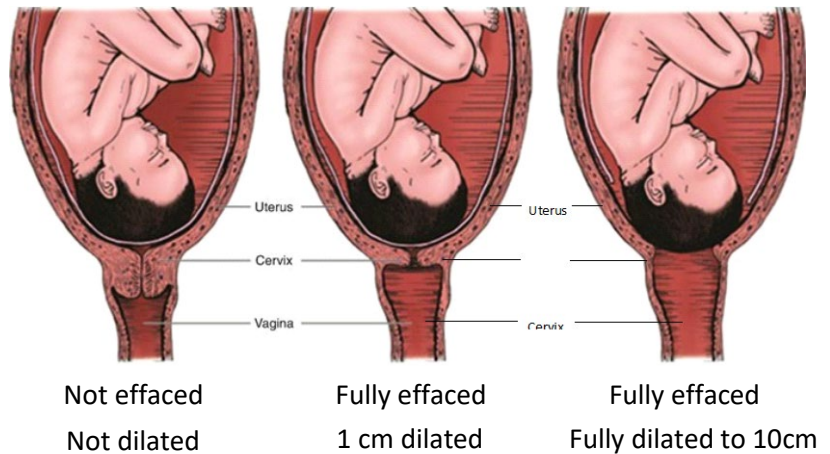
## **What happens during a labor induction?**

There are two stages of an induction of labor:

- **Stage 1:** the ripening phase, when the cervix is softened and prepared to dilate.
- **Stage 2:** the dilation phase, when the cervix opens.

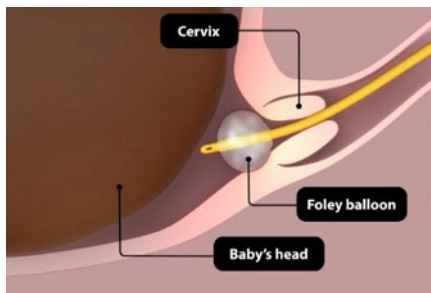
### **Stage 1: Ripening the cervix**

Before the cervix can dilate, it needs to be soft, thin, and moved forward in the vagina. This process of thinning and softening is called ripening.

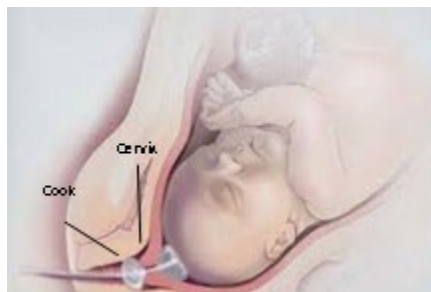


There are 3 main ways to ripen the cervix. Sometimes several methods are used at a time.

### Foley Balloon or Cook Catheter



Foley Balloon



Cook Catheter

- **Foley balloon:** A Foley balloon is a small, sterile balloon. It is placed in the cervical canal and inflated with sterile water.
- **Cook catheter:** A Cook catheter has 2 balloons. One rests in the vagina and one rests inside the cervical canal.
- Both types of balloons put pressure on the cervix, which releases substances called prostaglandins. Prostaglandins help the cervix become soft and thin.
- The pressure of the balloons also pushes the cervix open. This causes the cervix to dilate 2 to 3 centimeters when the balloon comes out.
- The balloons are inserted by the provider during a vaginal exam. You may ask for pain medication during this procedure, as it can cause cramping or discomfort.
- The balloons may fall out on their own when your cervix is 2 to 3 centimeters dilated. Otherwise, they may be removed by the provider after 12 to 24 hours.
- You can walk, use the bathroom, eat, and drink normally while the balloons are in place.
- Birthing people who had a cesarean birth in the past or surgery on their uterus may use a Foley balloon, but cannot safely use a Cook catheter.

## **Misoprostol**

- Misoprostol is a medication taken by mouth to aid cervical ripening. Misoprostol works like the prostaglandins naturally released by your body during labor.
- You will be given a small dose of misoprostol by mouth every 2 hours.
- Your uterine contractions and the baby's heart rate will be monitored while you are receiving the medication.
- You may receive up to 6 doses of misoprostol for labor induction. We will check your contraction pattern before giving you misoprostol and before each dose. This makes sure you are not having too many contractions.
- Birthing people who have had a cesarean birth in the past or surgery on their uterus cannot safely receive misoprostol.

## **Cervidil (Dinoprostone)**

- Cervidil (also called Dinoprostone) also works like prostaglandins.
- Cervidil is on a ribbon which is placed in the vagina, next to the cervix. The ribbon can stay in place for up to 24 hours before it is removed.
- The main side effect that some people notice is increased vaginal sensitivity.
- We will monitor your contraction pattern and your baby's heart rate while the Cervidil is in place. It can be removed if you are having too many contractions or your baby's heart rate pattern is abnormal.
- Birthing people who have had a cesarean birth in the past or surgery on their uterus cannot safely receive Cervidil.

## **Stage 2: Dilating the Cervix**

The second stage of an induction of labor is the dilation phase, where the cervix begins to open. When labor begins, the cervix is closed and is about 3 to 4 centimeters long. It is firm and pointed toward the back of the vagina. After ripening, the cervix is thin, soft, and in the middle of the vagina. At this point, it is ready to dilate, or open. As the cervix opens, labor begins.

- Early labor: When the cervix is 1 to 5 centimeters open. Early labor can be a slow process, but gets faster after the cervix is 6 centimeters open.
- Active labor: When the cervix is 6 to 10 centimeters open.

Your movement in labor is very important. Your nurse will help you to change positions and stay active to help labor progress.

There are 3 ways to help your cervix dilate during an induction:

### **Foley Balloon or Cook Catheter**

Also used to ripen the cervix, these can push the cervix open to 2 to 4 centimeters (see page 3).

### **Pitocin or Oxytocin**

Pitocin is a synthetic version of the hormone oxytocin, which the brain naturally produces in labor. Pitocin causes your uterus to contract, which pulls the cervix open. It is given in very small amounts through an intravenous line (IV).

Your nurse will monitor your baby's heart rate, as well as the strength and frequency of your contractions. Every 30 minutes, the nurse will check how much Pitocin you need. Each person's body responds differently to Pitocin. The nurse will give you only as much as your body needs to contract every 2 to 5 minutes.

If you are having too many contractions, or if they are too long, the nurse may decrease the Pitocin. They may also give you a medication called Terbutaline to stop contractions.

### **Artificial Rupture of Membranes**

This is also known as "breaking the water." The provider will make a small hole in the amniotic sac surrounding your baby, releasing amniotic fluid. This releases prostaglandins and increases the pressure your baby's head puts on the cervix, which can start labor.

- Before breaking the water, the provider will talk with you about the risks, benefits, and other options.
- The provider will then use a small plastic instrument during a vaginal exam to make a hole in the amniotic sac.
- Once your water has broken, we will monitor closely for any signs of infection, and the color and amount of fluid.

- You will likely continue to have fluid leak during the rest of your labor. Your baby will replace the fluids by peeing.

## Arriving for Your Induction

- When you arrive at the hospital, park in the Triangle Parking Garage.
- Enter through the main entrance of the hospital.
- Take the Pacific Elevator to the 6th floor.
- There is a phone next to the door of the Labor and Delivery unit. Call us to let us know your name, and we will unlock the door and welcome you to the unit.
- Parking is \$10 per day with the validation provided by the hospital. If you are unable to pay the parking fee, please ask to speak with a social worker while you are at the hospital.

## Visitor Policy

The visitor policy is changing often due to COVID. Please speak to your provider close to the date of your induction for updates on the visitor policy.

## What to Bring to the Hospital

Packing a bag for the hospital is a helpful way to prepare for your induction of labor. Please bring items that will make you feel more comfortable. These items may be your own pillow, essential oils, comfort food, movies or books, etc. Remind your support person to bring their things as well.

Here is a list of the most important things to bring:

- **Toiletries:** toothpaste and toothbrush, deodorant, hair brush
- **Personal items:** glasses, hair ties, lip balm, water bottles
- **Clothing:** 2 to 3 changes of clothes including socks, underwear, robe, pajamas
- **Tech:** phone and computer chargers, phones, camera, laptop or tablet, entertainment items
- **Baby supplies:** car seat (install base in car ahead of time), going-home outfit with hat

The hospital can supply many things if you forget something. There is a gift shop on the 3rd floor where you can buy items such as phone chargers.

### **Supplied by the Hospital**

The hospital will supply diapers, formula, menstrual pads for postpartum, breast pump, and clothing for your baby while in the hospital.

### **Food**

You and your support people can order food delivered to your room from the cafeteria between 6 a.m. and 8 p.m., 7 days a week. The patient's food is included with the fee paid by their insurance. Support people pay for their food with a debit or credit card over the phone. A small refrigerator and microwave are in each room.

### **What to Expect at the Hospital and During Induction**

- When you arrive on the Labor and Delivery unit, your support person will sign in at the front desk and get a copy of the visitor policy.
- Your nurse will walk you back to your labor room and help you get settled.
- Your nurse will perform a Non-Stress Test (NST) on your baby. This will check your baby's heart rate and your contraction pattern.
- Your nurse will ask you a series of questions about your health and birth plan.
- You will have an intravenous line (IV) placed.
- Your nurse will send blood samples to check for anemia, blood type, signs of infection, and any special tests you need.
- An anesthesia doctor will check in with you when you arrive at Labor and Delivery to talk about pain relief options and answer any questions.
- Anesthesia is medicine to prevent pain. An epidural is when anesthesia is injected in the spine.
- If you would like an epidural, the Obstetric Anesthesia team is on the unit 24 hours a day, 7 days a week to help you.

- Your provider will come to your room to discuss the induction process with you. You will sign a consent for induction of labor if you decide to proceed.
- Your provider will use an ultrasound to confirm that your baby is head down.
- Your provider will do a cervical exam. Based on this exam, the provider will recommend a method for ripening your cervix.
- Your provider will check your progress every 2 to 4 hours and will make recommendations for moving your labor forward.
- Your nurse will work closely with you to help you eat, drink, rest, and cope with contractions.
- Movement during labor is very important. Your nurse will help you change positions and stay active to help labor move forward.

You and your baby's health will be carefully monitored by your nurses and providers.

## Questions?

If you have concerns about your or your baby's health, you can call your clinic during business hours. If you have concerns after hours, please call Labor and Delivery Triage at 206.598.4616 and ask to speak with a nurse. A nurse is available 24 hours a day, 7 days a week.

If you have general questions about induction, the visitor policy, what to bring, or timing of your induction, please call your clinic or send a MyChart message.

Clinic phone: \_\_\_\_\_