

**Medical Induction of Labour**

Medical Induction of Labour (IOL)

What is IOL?

Induction of Labour means stimulating the onset labour with the use of medications.

Why might I need to have my labour induced?

The most common reason for having an IOL is being post-dates, or overdue. Conditions like high blood pressure, premature rupture of membranes or concerns about the baby may make it necessary to consider an induction of labour.

Your midwife will consult with an obstetrician for an induction of labour.

How is labour induced?

The first step in the induction process is a cervical assessment. If it is soft, slightly dilated and thinned out the cervix is “favourable”. If it isn’t, softening, or ripening the cervix increases the chance of successful induction of labour. This involves attending the hospital prior to the induction date (usually the evening or day before) to have the hormone prostaglandin placed on or next to your cervix through your vagina. Studies show prostaglandins are less invasive than other methods of induction and decrease the need for oxytocin. Women who receive prostaglandins on their cervix will be monitored for an hour and asked to return to the hospital for assessment the next day, or when labour starts. Prostaglandins may cause side effects such as nausea, vomiting, diarrhea and uterine hyperstimulation. Women who require cervical ripening will have their care temporarily transferred to an obstetrician.

Upon attendance at the hospital for induction, your cervix will be reassessed. If it is “favourable” the induction will be started. If it still needs further ripening, another dose of the vaginal prostaglandin will be administered.

Labour can be stimulated to start by artificially rupturing the membranes. This is also known as breaking the bag of waters. Studies show that approximately 50% of women will start labour within 6-12 hours of having their waters broken. It is your decision whether to start the medication to start labour after the membranes have been ruptured. Research tells us that there is an increased chance of delivery within 12-24 hours if oxytocin is used when the waters have been broken.

You may also be given an oral prostaglandin tablet meant to stimulate labour. It is given at regular intervals. You will not be monitored continuously if you are taking the prostaglandin tablets. Gastrointestinal discomfort such as vomiting, nausea and diarrhea are the main side effects of this medication, other than uterine contractions. Research shows using prostaglandin results in more vaginal deliveries than with oxytocin use.

Oxytocin is a synthetic hormone that is given by intravenous, through a mechanical pump. It is started at a low dose and increased to a level that will stimulate active labour. Hospital protocols recommend continuously monitoring labour, which means being hooked up to a fetal monitor. This will somewhat

limit your mobility, however the option of being in a chair, on a birth ball or on the bed are available. The risks associated with oxytocin are uterine hyperstimulation, uterine rupture, maternal discomfort and failure to progress. If there is failure to progress in labour or fetal distress, a cesarean section may be recommended.

How Can I Prepare?

 Being well rested and well hydrated are good ways to cope with an induction of labour. It is also helpful to be informed about the process. Your midwife will review what to expect with you. Ask her about any concerns questions you have.