



Labor Induction



What is labor induction?

Labor induction is the use of medications or other methods to bring on (induce) labor.

Why is labor induced?

Labor is induced to stimulate contractions of the uterus in an effort to have a vaginal birth. Labor induction may be recommended if the health of the mother or fetus is at risk. This is called medical induction. Common reasons why medical inductions are recommended include: high blood pressure including preeclampsia, diabetes, pregnancy beyond 41 weeks gestation, oligohydramnios (low fluid), ruptured membranes, Intrauterine Growth Restriction (IUGR) (baby's growth is less than the 5th percentile). If your doctor recommends induction for medical reasons, please be sure to ask questions and understand all the factors that led to the recommendation as it may be different for every woman and pregnancy. Sometimes medical inductions are necessary before 39 weeks if the health of the mother or baby is at risk.

What is an elective induction?

In special situations, labor is induced for nonmedical reasons, such as living far away from the hospital. This is called elective induction. Elective induction should not occur before 39 weeks of pregnancy.

When is elective labor induction okay?

Electing to have your healthcare provider induce labor may appeal to you. You may want to plan the birth of your baby around a special date, or around your spouse's or healthcare provider's schedule. Or maybe, like most women during the last few weeks of pregnancy, you're simply eager to have your baby.

However, elective labor induction isn't always best for your baby. Inducing labor before you are at least 39 weeks along in your pregnancy (one week away from your due date) – or before your cervix is ready – has risks. Your care provider will follow the guidelines described here to help determine if and when elective labor induction is okay for you and your baby.

Expert guidelines regarding elective labor induction...

The American College of Obstetrics and Gynecologist (ACOG) is a professional organization for doctors who deliver babies. The following guidelines are based on advice from this organization. Your healthcare provider uses these guidelines to make a safe decision about whether or not an elective induction is right for you and your baby. If you don't meet these guidelines, your healthcare provider may recommend letting labor take its natural course.

Your due date

When you became pregnant, your healthcare provider gave you an estimated due date for your baby. This is the date that your baby is expected to be full-term (40 weeks along) and ready to make an entrance into the world. Your due date is based on several factors:

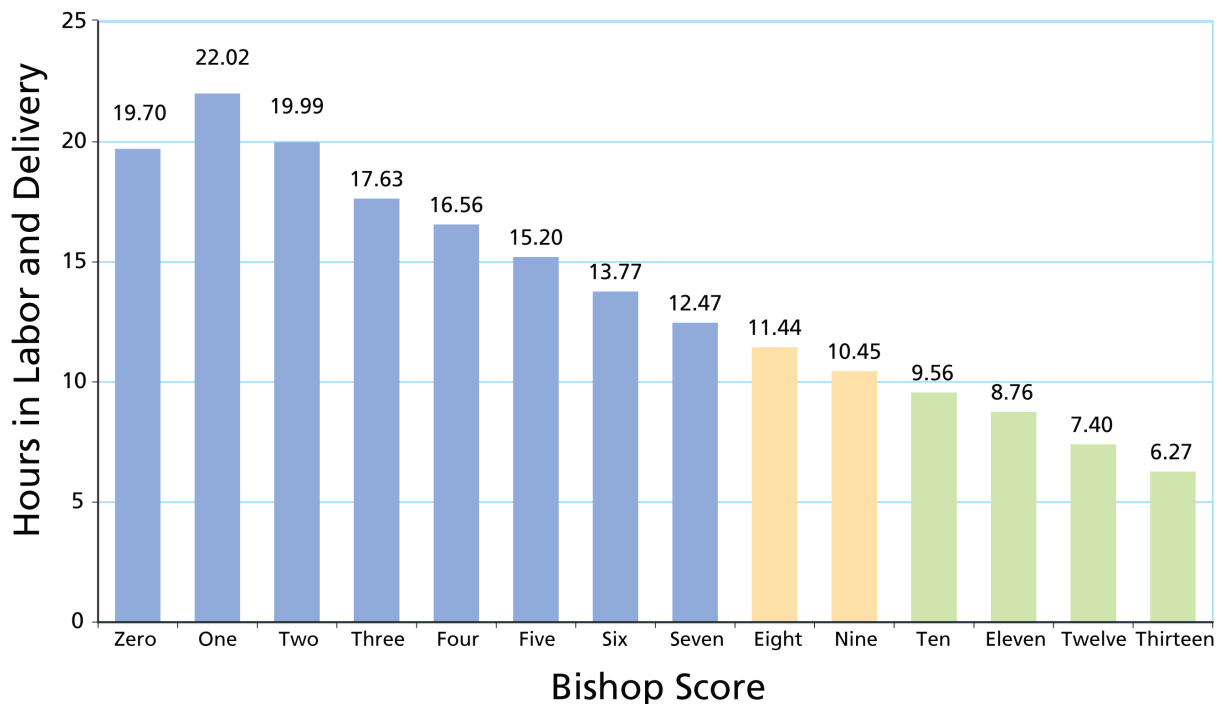
- Information about your last menstrual period
- Results from various lab tests
- The size of your baby based on ultrasound results

Before an elective labor induction:

- Your healthcare provider must confirm that you have not previously had a classical cesarean delivery (C-section) or major surgery on your uterus.
- Your healthcare provider must be certain of your due date to prevent starting labor too early, before your baby is fully developed.
- You must be at least 39 weeks along in your pregnancy (see Due Date above)
- Your cervix must be soft and ready to open (dilate). Your provider can tell you this by examining your cervix to determine a Bishop Score, which is the standard measure for assessing the cervix's readiness for labor.
- A Bishop Score of at least 10 for first-time moms (8 for others) is a common threshold. With this score, the likelihood of having a vaginal delivery after induction is similar to that of spontaneous labor.
- The graph below represents the average hours in labor based on the Bishop score at the beginning of an elective induction. This data was obtained and provided by Intermountain Healthcare and is being used with their permission. As you can see, at the Intermountain Healthcare hospitals, the higher the initial Bishop score, the shorter length of time spent in labor and delivery.

Average Hours in Labor & Delivery By Bishop Score

Elective Inductions in First-Time Moms 2001-2006
(Data from 6,721 Intermountain Healthcare patients)



How is labor induced?

Various methods are used depending on your cervical exam “Bishop’s score” and the status of mother and baby.

What is the Bishop score?

To prepare for labor and delivery, the cervix begins to soften (ripen), thin out, and open. These changes usually start a few weeks before labor begins. Health care providers use the Bishop score to rate the readiness of the cervix for labor. With this scoring system, a number ranging from 0-13 is given to rate the condition of the cervix. A Bishop score of less than 8 means that your cervix may not be ready for labor.

What is “ripening the cervix”?

Ripening the cervix is a process that helps the cervix soften and thin out in preparation for labor. Medications or devices may be used to soften the cervix so it will stretch (dilate) for labor.

How is cervical ripening performed?

Ripening of the cervix can be done with prostaglandins or with special devices.

What are prostaglandins?

Prostaglandins are drugs that can be used to ripen the cervix. They are forms of chemicals produced naturally by the body. These drugs can be inserted into the vagina or taken by mouth. Some of these drugs are not used in women who have had a previous cesarean delivery or other uterine surgery to avoid increasing the possible risk of uterine rupture (tearing).

One commonly used prostaglandin called Cytotec (or misoprostil), is not FDA approved for use in pregnancy although when used appropriately, it has many potential uses and benefits in all stages of pregnancy. This is called “off-label use”. Please discuss the risks, benefits and alternatives to this medication if recommended by your doctor. Research is being conducted on cytotec to scientifically prove its safety when used for cervical ripening.

What devices are used to ripen and dilate the cervix?

Laminaria (a substance that absorbs water) can be inserted to expand the cervix. A catheter (small tube) with an inflatable balloon on the end also can be inserted to widen the cervix.

What is “stripping the membranes?”

Stripping the membranes is a way to induce labor. The health care provider sweeps a gloved finger over the thin membranes that connect the amniotic sac to the wall of your uterus. This action may cause your body to release prostaglandins, which soften the cervix and may cause contractions.

How can breaking the bag of water bring on labor?

Breaking the bag of water that surrounds the baby can start contractions. It also can make them stronger if they have already begun. The health care provider makes a small hole in the amniotic sac with a special tool. This procedure, called an amniotomy, is performed during a routine cervical exam. It may cause some discomfort.



When is amniotomy done?

Amniotomy is done to start labor when the cervix is dilated and thinned and the baby's head has moved down into the pelvis. Most women go into labor within hours after the amniotic sac breaks (their "water breaks").

What is Oxytocin?

Oxytocin is a naturally produced hormone that causes contractions of the uterus. Synthetic oxytocin, called Pitocin, can be used to start labor or to speed up labor that began on its own. Contractions usually start in about 30 minutes after Oxytocin is given.

What are the risks associated with labor induction?

With some methods, the uterus can be over stimulated, causing it to contract too frequently. Too many contractions may lead to changes in the fetal heart rate, umbilical cord problems, and other problems. Other risks of cervical ripening and labor induction include the following:

- Infection in the mother or baby
- Uterine rupture
- Increased risk of cesarean birth
- Fetal death

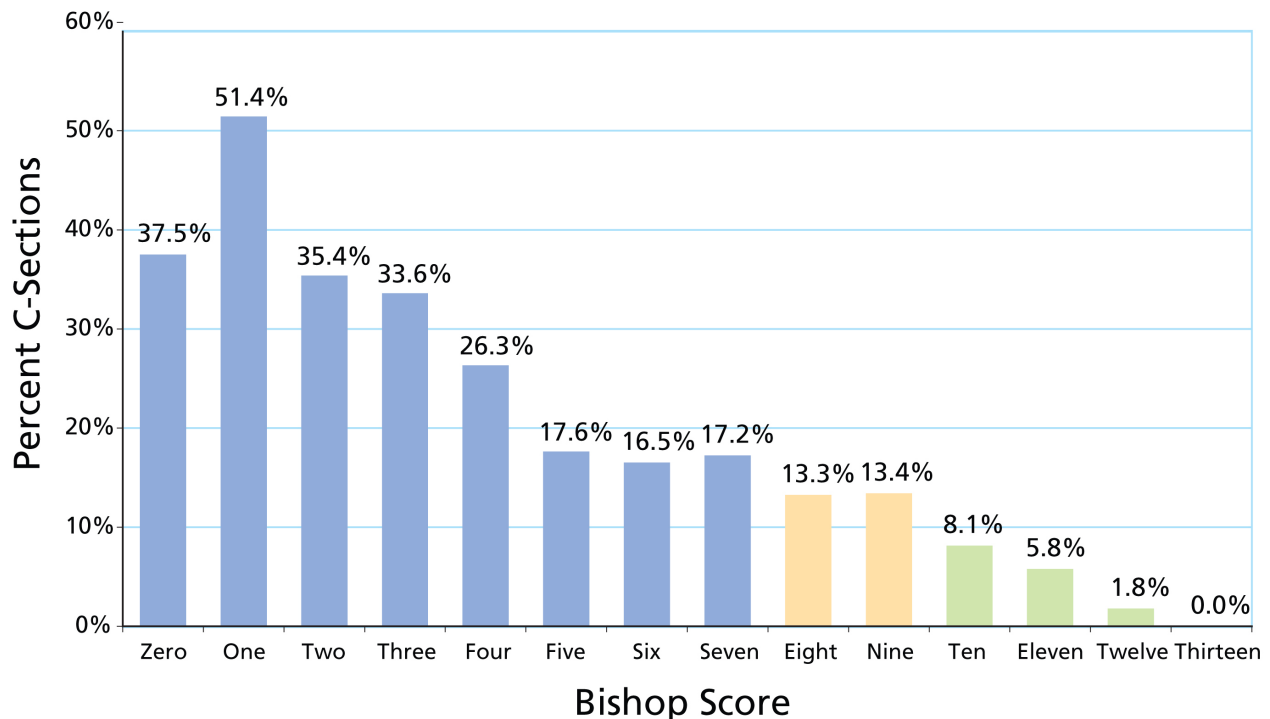
Medical problems that were present before pregnancy or occurred during pregnancy may contribute to these complications.

Is labor induction always effective?

Sometimes labor induction does not work. A failed attempt at induction may mean that you will need to try another induction or have a cesarean delivery. The chance of having a cesarean delivery is greatly increased for first-time mothers who have labor induction, especially if the cervix is not ready for labor. The graph below, supplied by Intermountain Healthcare and used with their permission, represents the cesarean section rate with increasing Bishop Score. As you can see, the risk of cesarean section rises with a lower bishop score.

Cesarean Section Rates By Bishop Score

Elective Inductions in First-Time Moms 2001-2006
(Data from 6,721 Intermountain Healthcare patients)



If an induction is scheduled by my doctor, what will happen next?

If you are scheduled for a medical induction, you will be given an appointment date and time. Please arrive on Labor and Delivery at that time. If you are scheduled for an elective induction, you'll be given a tentative appointment date. Priority for bed space on Labor and Delivery is given to patients in normal labor or having a medical induction. We recommend that you call Labor and Delivery before leaving home for your appointment. We will do our best to honor your appointment time, and if delayed will keep you informed as to what you should expect regarding the time of arrival and start of your induction. You may eat a light meal and drink enough to stay hydrated before you arrive. Avoid heavy or greasy foods prior to your induction.

Be sure to pre-register as a patient at Tampa General Hospital before your induction date.

If you have questions, please contact your doctor's office,
or call OB Registration at TGH at 813-844-7960.

What can I expect after I arrive at the hospital?

An induction of labor may sometimes require 24 hours or more from start to finish. If necessary, the process of cervical ripening may require one or more medications or devices before the labor begins. Many factors determine the length of the process, including the Bishop's Score. Your doctor will discuss the expected length of your induction when you arrive and will keep you informed as the situation changes. We encourage you to bring reading materials, movies and other stress relieving items for the early part of your induction.

