

## **Induction of labour**

These instructions are for you if your pregnancy has progressed past your due date or if your labour is induced for medical reasons. The goal of an induction is to induce a vaginal birth by ripening the cervix and stimulating uterine contractions, in the case that continuing the pregnancy would increase the risk of harm to you or your child. About one in three pregnancies are induced.

You will get an appointment for induction or cervical ripening, which takes place at the induction clinic. If the status of the cervix is very unfavourable, it can take days before the labour actually starts. The reason why your labour is induced and the method of induction dictate whether you can go home or whether you will stay at the ward for observation. The induction method is chosen based on the mother's and baby's health and how ripe the cervix is.

### **Methods of induction**

Labour can be induced using a balloon catheter, using medicines such as prostaglandin or oxytocin, or by artificially rupturing the membranes ("breaking the waters"). It may be necessary to use several of these methods to induce labour.

Induction by balloon catheter is a drug-free method for ripening the cervix. The balloon catheter dilates and ripens the cervix mechanically. The catheter is inserted during a pelvic exam, and the balloon at the end of the catheter is filled with liquid. In most cases, patients can be discharged after the procedure. You can move, shower and use the bathroom normally. If the labour has not started within 24 hours, the catheter is removed and the induction is continued using other methods, depending on how favourable the cervix is. Balloon catheter will usually provoke contractions.

Prostaglandin is administered either by mouth in the form of tablets or by inserting a medical tape into the vagina. Prostaglandin softens and ripens the cervix and causes the uterus to contract. The medicine is administered orally every 2 to 4 hours, until contractions start. During the induction, the baby's welfare is observed by monitoring their heart rate.

The hormone oxytocin, which causes the uterus to contract, is administered intravenously through a cannula at a rate which depends on your contractions. The baby's heartbeat and your contractions are monitored during the oxytocin infusion. You can move around at the ward during the infusion.

The labour can also be induced by rupturing the membranes artificially. This can be chosen as the method of induction when the cervix is ripe and partially dilated. The procedure is carried

out during a pelvic exam and it is painless. After the membranes have been ruptured, amniotic fluid continues to leak until the baby is born. It is possible that you need intravenous oxytocin in addition to the rupture of membranes. When the artificial rupture of membranes is carried out, it means that the decision to proceed into labour has been made.

You can read more about induction of labour from your digital care pathway.

You can also find out more at: [The Women's Hub at the Health Village](#) (only available in Finnish and Swedish)

(<https://www.terveyskyla.fi/naistalo/synnytys/synnytyksen-k%C3%A4ynnist%C3%A4minen>)

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These instructions are intended for patients under our care.