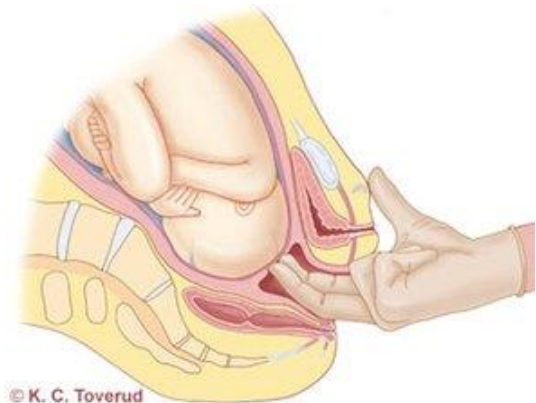


Patient Information – Inducing Labour

Initiating labour is often recommended if the woman is ill or is experiencing complications with her pregnancy. It is only done when it is considered the best treatment for the mother and/or child. Inducing labour can be a time-consuming and tiring process, so the medical staff must have good reason for making this choice. It is an attempt to start the birthing process before the body is ready for it. For this reason, inducing labour can take several days for some women, while for others it only takes a few hours. We will give you all the information you need to make an informed choice.

The right moment to induce labour during pregnancy and how long it will take will depend on whether your water has broken or not and whether you have given birth in the past. We do not know how your body will respond to the induction method until treatment has started. We make a plan for how induction will take place before we begin.

The method depends on how mature your cervix is. The doctor will always do a vaginal examination to assess maturity (Bishop score) and determine the length of the cervix, its position, how soft it is, whether it has started to open and where the foetus is located in the pelvis. The doctor will then decide which method to use.



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Figure 1 Vaginal examination



Figure 2 Immature cervix/os uteri



Figure 3 Mature cervix/os uteri

Women who require induced birth are admitted to the Child Delivery Section. The birth itself cannot take place in water. **We occasionally postpone induction for a few days in the event of capacity problems.**

The induction process can be exhausting for some women. Many women find that lack of sleep and painful contractions over time are difficult to handle. It is therefore advisable to rest/sleep when you can, even during the day. It is important to stay nourished by eating light meals and drink plenty of fluids to build up energy.

Childbirth is hard work, but it should also be a positive experience. You will receive the best guidance along the way.

Induction with balloon catheter

A balloon catheter is a thin rubber tube that is commonly used to drain urine from the bladder. The catheter is inserted into the uterus via the vagina, through the cervix and past the os uteri. It should lie between the baby's head and the cervix. Once the catheter is in place, the balloon at the end of the catheter is filled with sterile saline.



III: Figure 4 Balloon catheter

Part of the catheter/rubber tube will hang out of your vagina. This is attached to your thigh with tape, and does not interfere with normal activities such as movement and toilet visits. It is common to see discharge with some fresh blood coming from the vagina after the catheter is inserted.

You may experience some contractions in the uterus shortly after the catheter is inserted. These contractions vary in intensity and strength, and can be painful. They can last for several hours. For some women, these will trigger labour pains and childbirth.

Whether you can go home with a balloon catheter inserted or not depends on the reason for inducing the birth, the distance to the hospital etc. The catheter is removed after 12-36 hours if it does not fall out by itself.

It is normal for the balloon to fall out when the cervix begins to mature. You should contact us if the balloon falls out, if your water breaks, if you feel contractions or bleeding. After the balloon has fallen out, it will often be necessary to continue the induction using hormones to stimulate contractions. This will not happen immediately.

The reason for induction and the number of occupied beds at the ward may affect the date of your appointment.

Induction with prostaglandin

Prostaglandin is a synthetic hormone given in the form of capsules or vaginal gel. You will receive the medicine every four or six hours. The ward decides how the medicine is administered.

The child's cardiac activity will be monitored before each new round of medication (CTG registration) and if contractions increase. A doctor or midwife will perform a vaginal examination to assess the Bishop score every four or six hours. How many capsules/gel are needed to achieve maturation of the cervix and to create enough contractions varies from woman to woman.

The midwife/doctor will continuously assess the effect of treatment, your health and the health of the foetus. Further treatment, follow-up and interventions will be based on these assessments.

It is common to have short and frequent contractions in the uterus and menstrual-like pain during the first hours. These minor contractions can become proper contractions and thus initiate the birthing process.

If we do not succeed in starting the birth process within a few days using a balloon and prostaglandin, induction will continue by piercing the amniotic membrane and/or stimulating contractions using an infusion.

In rare cases, we may postpone induction a few more days to give the cervix time to mature even more, but we usually make that decision before we begin induction ("attempt at induction").

Induction with amniotomy/stimulant drip

If the cervix is mature but the birth has not started properly, the midwife or doctor can pierce the amniotic membrane with a thin plastic stick to release the amniotic fluid (amniotomy). Many women get stronger contractions after this. This feels like a regular vaginal examination and is not painful for the baby. The child's cardiac activity will be monitored before and after this.

It is often necessary to start an infusion (stimulating drip). The body is then supplied with the hormone oxytocin, which causes the uterus to contract and start contractions. Once the birth has started using a drip, the baby's heartbeat and your labour are closely monitored. You are connected to a CTG device that registers heartbeat, movement and foetal activity. CTG (cardiotocography) is electronic monitoring of the foetal heartbeat and activity, and the mother's labour.



Illustrasjon: Eline Skirnisdottir Vik

Figure 5 Amniotomy – Breaking the water
III: 2-5 Eline Skirnisdottir Vik

If you have any questions, feel free to ask. We are here for you. We wish you a warm welcome!