

Labor Induction



The average length of pregnancy is 280 days, or 40 weeks. But there is no way to know exactly when you will go into labor. Most women give birth between 38 and 41 weeks of pregnancy.

What is labor induction?

Labor induction is the use of medications or other methods to bring on (induce) labor. Labor is induced to stimulate contractions of the uterus in an effort to have a vaginal birth.

Why would I need a labor induction?

Labor induction may be recommended if the health of the mother or fetus is at risk. Some of the reasons for inducing labor include:

- Your pregnancy has lasted more than 41 weeks
- You have certain health issues, such as problems with your heart, lungs, or kidneys
- There are problems with the placenta
- There are problems with the fetus, such as poor growth
- There is a decrease in amniotic fluid
- You have gestational diabetes/had diabetes mellitus before pregnancy
- Chronic hypertension (high blood pressure), preeclampsia, or eclampsia
- You have pre-labor rupture of membranes (PROM)

Sometimes labor induction may be needed even if it means that the fetus will be born early. In these cases, the risks of continuing the pregnancy outweigh the risks of the fetus being born too early.

Are there contraindications to having a labor induction?

Some conditions may make a vaginal delivery unsafe for you or your baby. Some of these conditions include:

- Placenta previa (the placenta covers the opening of the uterus)
- The baby is lying sideways (transverse) in the uterus or is in a breech presentation
- Prolapsed umbilical cord (the cord has dropped down in the vagina ahead of the fetus)
- Active genital herpes infection
- Some types of previous uterine surgery, such as certain types of cesarean birth or surgery to remove fibroids

In these situations, you may need a cesarean birth to protect the health of you and your fetus.

What are elective labor inductions?

When you choose labor induction and you and your fetus are healthy, it is called elective induction.

Labor may be induced at your request for reasons such as physical discomfort, a history of quick labor, or living far away from the hospital.

Elective inductions are not done until you are at least 39 weeks, but could be scheduled around 36 weeks.

How is labor induced?

To prepare for labor and delivery, the cervix begins to soften (ripen), thin out, and open. These changes start a few weeks before labor begins. To help the body continue to prepare for delivery your provider may offer one of the following options to induce labor (all of these are done on or after 39 weeks unless medically indicated to be done sooner):

- Ripening the cervix, which can be done with:
 - ◊ Medications that contain prostaglandins (Cytotec). These medications can be inserted into the vagina or taken by mouth.

- ◇ Using a “Foley bulb” that has an inflatable balloon on the end. The tube is inserted into the cervix and then expanded. This helps widen the cervix and stimulate contractions.
- Stripping the membranes:
 - ◇ This can be done in the office when your provider sweeps a gloved finger over the thin membranes that connect the amniotic sac to the wall of your uterus. This also is called “sweeping the membranes.” This action is done when the cervix is partially dilated. It may cause your body to release natural prostaglandins, which soften the cervix and may cause contractions.
- Oxytocin (Pitocin) intravenously:
 - ◇ This is a hormone that causes contractions of the uterus. Via IV, it can be administered to start labor or to speed up labor that began on its own. Contractions usually start 30 minutes after oxytocin is given.
- Rupturing the amniotic sac (“Breaking your water”):
 - ◇ This can be done in the hospital when your provider makes a small hole in the sac with a special tool. This procedure, called an amniotomy, is done to start labor when the cervix is dilated and thinned and the fetus’ head has moved down into the pelvis.
 - ◇ Most women go into labor within hours after the amniotic sac breaks (their “water breaks”). If you do not, then your provider may discuss starting oxytocin.

How do you prepare for your labor induction?

- Eat a healthy, high protein meal prior to arriving for your scheduled induction. This will provide energy for your upcoming labor. When you are in active labor, it is safest for you to then have a clear liquid diet (no solid foods).
- Bring what will make you feel comfortable during your labor, such as massage items, pillows, pictures or focal points, etc. You may also

choose to wear your own comfortable clothing after delivery if you prefer.

- Bring to the hospital an outfit for your baby and an infant car seat. Practice placing the car seat in your vehicle. When it's time to bring your baby home, you'll be glad you planned ahead.

What are the risks associated with labor induction?

- When oxytocin (Pitocin) is used, the uterus may be overstimulated. This may cause the uterus to contract too often. Too many contractions may lead to changes in the fetal heart rate. If there are problems with the fetal heart rate, oxytocin may be reduced or stopped. Other treatments may be needed to steady the fetal heart rate.
- Chorioamnionitis, an infection of the amniotic fluid, placenta, or membranes. This can occur for various reasons but particularly if your water is broken for greater than 24 hours without delivery.
- Infection of the baby. This is often recognized by monitoring fetal heart rate for changes.
- Rupture of the uterus. This is rare and more commonly seen if a woman has had prior surgery on the uterus.

Medical problems that were present before pregnancy or occurred during pregnancy may contribute to these complications. To help prevent these complications, the fetal heart rate and force of contractions may be electronically monitored during labor induction.

What if labor induction does not work?

Women who have induction at 39 weeks are generally allowed up to 24 hours or longer for the early phase of labor. They also may be given oxytocin for at least 12–18 hours after stripping of the membranes. If a woman's labor does not progress, it may be considered a failed attempt at induction.

Sometimes labor induction doesn't work. If you and your pregnancy

are doing well and the amniotic sac has not ruptured, you may be given the option to go home. You can schedule another appointment to try induction again.

If your labor starts, you should go back to the hospital. If you or your baby are not doing well during or after attempting induction, a cesarean birth may be needed.

When should I go to the hospital or call my provider?

If you think you are in labor (or are not sure), or have any of the signs below, call our office at 920.729.7105 and speak with one of our registered nurses:

- Your water has broken
- You are bleeding heavily from the vagina
- Constant, severe pain with no relief between contractions
- You notice the fetus is moving less often
- You are having regular contractions about every 5 minutes apart for at least 2 hours

What can I do to induce labor naturally?

- Some people swear by natural techniques to get labor underway, but most of them are urban legends, with little to back them up.
- Walking and exercise often make it to the top of the list of things to try. While there's no research that says it will induce labor, 30 minutes of moderate exercise at least five times a week can be helpful in any stage of pregnancy. It's safe to use a birthing or exercise ball to stretch and help relieve some of the pressure in your pelvis, hips and back (unless you've been instructed otherwise by your provider).
- When you're waiting for your baby to make their debut, the most important thing to do is also the hardest: Have patience. Listen to your body and trust that your body will labor when it's ready!

Your Labor Induction is scheduled for:

Time: _____

Date: _____

At: _____



As a part of our Circle of Care, PT Center for Women offers specialized physical therapy services to women of all ages with certain complications or needs, often following pregnancy or surgery. With the right approach, support, and treatment, our therapists can decrease pain, improve function and muscle strength, and address any problems.



Our physical therapists treat:

- Bladder issues
(leakage or difficulty urinating)
- Bowel dysfunction
(constipation or leakage of stool)
- C-section or episiotomy scar pain
- Diastasis recti
(separation of abdominal muscles)
- Headaches
- Low back, SI joint & tailbone pain
- Painful intercourse
- Pelvic organ prolapse
(fallen pelvic organs)
- Pelvic pain
- Postpartum pain
(pain after pregnancy)
- Pregnancy-related pain

For more information or to schedule an appointment, call or text 920.729.2982 or visit ptcenterforwomen.com.

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