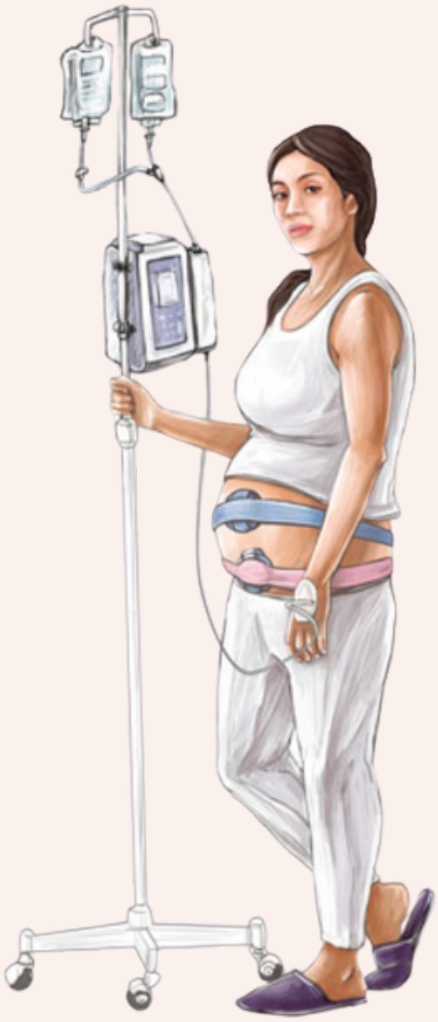
INDUCTION OF LABOUR (IOL)



An IOL should be considered if the risks of remaining pregnant outweigh the risks of the induction itself.

- Overall outcomes of mothers & babies have not improved with higher intervention rates
- Understand your reason for IOL & research - there are some great & lifesaving reasons
- You often have time to decide if this is right for you

IOL Process

The process takes time (often >24hours)

- Cervical ripening
  - Balloon catheter
  - Prostaglandins
- ARM (artificial rupture of membranes)
- Syntocinon infusion

Benefits

- Improved outcomes if unwell mother or baby
- Reduced the risk of complication if remaining pregnant is a concern
- Can be life saving

Risks

- Hyperstimulation
- Fetal distress
- Increased risk of caesarean section
- Higher rates of pain relief
- Higher rates of instrumental birth
- Increased rate of postpartum haemorrhage
- Increased rates of infection
- Unsuccessful induction

CERVICAL RIPENING

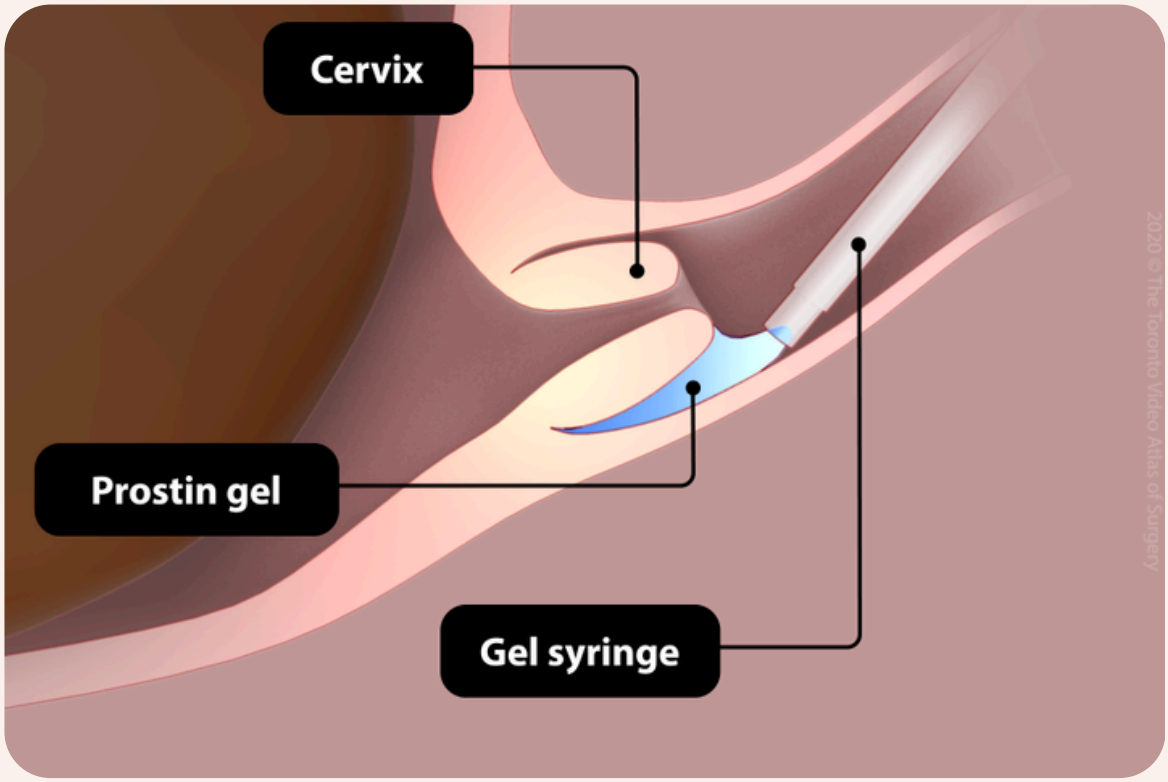
Goal: Soften & dilate cervix enough for waters to be broken

Prostaglandins

- Hormonal gel, pessary or tape inserted behind the cervix
- Lie down for 30-60 minutes post.
- Given up to 3 times, 6 hours apart.

Side effects

- Hyperstimulation - monitoring for 60 minutes post insertion
- Causes low abdominal and back cramping
- Temporary burning sensation on insertion
- Tender cervix for future exams
- Nausea, vomiting, diarrhoea



CERVICAL RIPENING

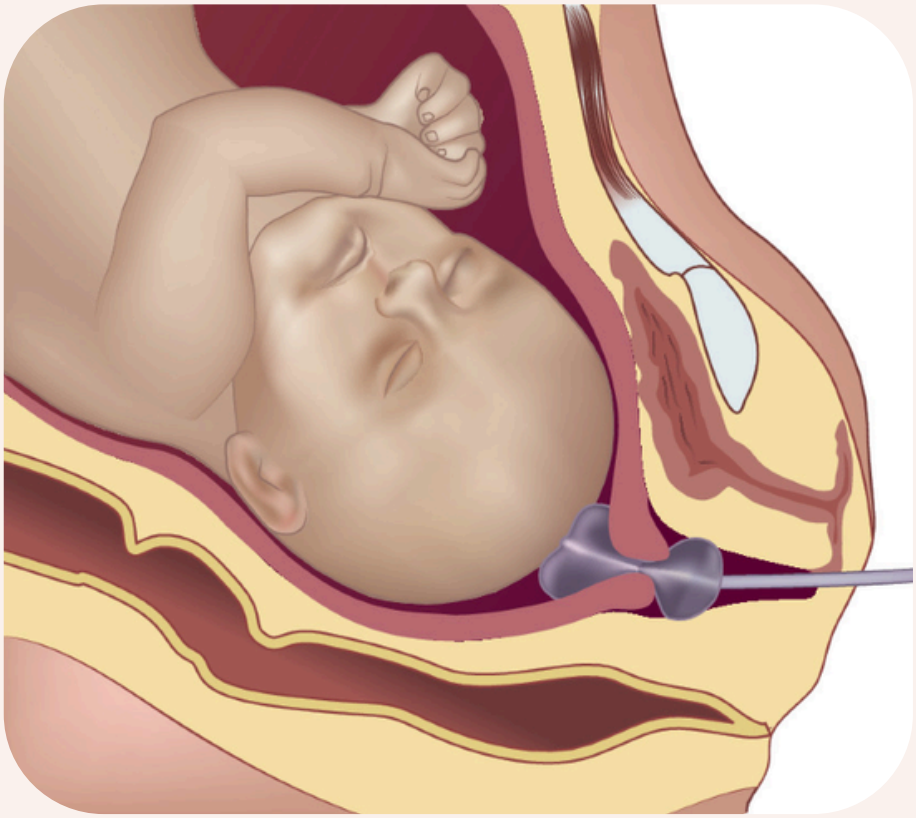
Goal: Soften & dilate cervix enough for waters to be broken

Balloon Catheter

- Thin tube inserted via vaginal examination or speculum,
- 2 balloons inflated on either side of cervix
- Remains for 6-18 hours
- Possible to go home depending on the reason for induction
- Normal toileting

Side effects

- Uncomfortable insertion
- Accidental breaking of waters



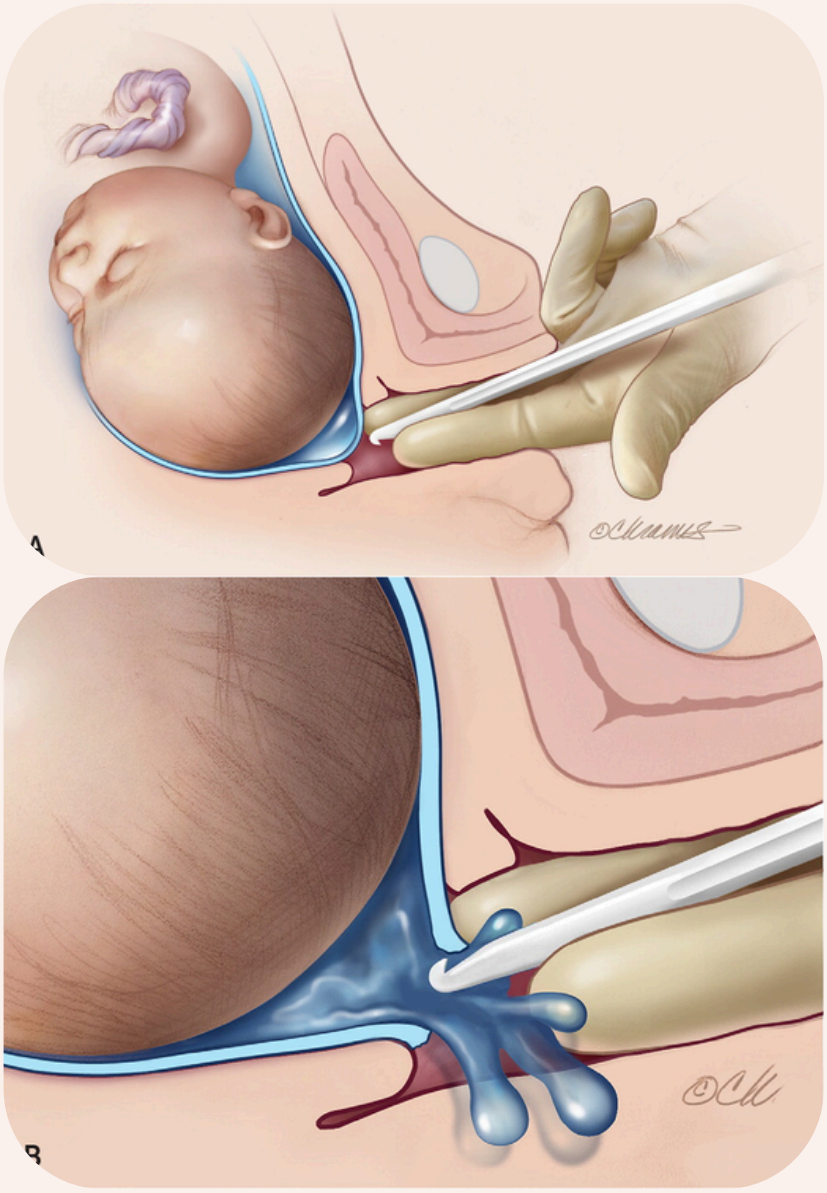
CERVICAL RIPENING

Tips & Things to Know

- Lie down for 60 minutes post-prostaglandin insertion
- Go for a walk post-balloon catheter insertion
- Can use nitrous oxide gas for pain relief during insertion
- Frequent observations performed while awake (vital signs, fetal heart, contraction assessment)
- Can ask not to be disturbed overnight (or if resting during the day)
- Rest for the journey ahead
- Can have water removed from balloons if too uncomfortable, but can make it less effective
- Oral analgesia such as Panadeine Forte and a sleeping tablet are available
- If one method is unsuccessful, the other can be used if no contraindications
- If both methods are unsuccessful, a caesarean section is usually offered

ARTIFICIAL RUPTURE OF MEMBRANES (ARM)

- Performed once cervix is dilated enough
- If cervix is ⩽1cm or Bishops score is <7- evidence suggests further cervical ripening is needed even if ARM is possible
- Amnihook is used during a vaginal examination to release the waters
- Can ask for time after ARM before syntocinon hormone (less successful for first time mums)
- Risk of cord prolapse or cord compression - lessened with appropriate assessment



SYNTOCINON HORMONE

- Administered through IV cannula with additional fluids for hydration
- Increased every 30 minutes until active labour (contractions 4:10 minutes, lasting 60 seconds, strong)
- Can take several hours to reach active labour
- Continuous fetal monitoring - wireless is usually available
- Water birth is contraindicated with this hormone in most hospitals
- Same strength of contractions, but faster progression into labour - often described as more painful due to less natural endorphins

ALTERNATIVES

Efficacy depends on your clinical situation

- Additional ultrasounds
- More frequent continuous fetal monitoring (limited evidence)
- Your perception of baby movements

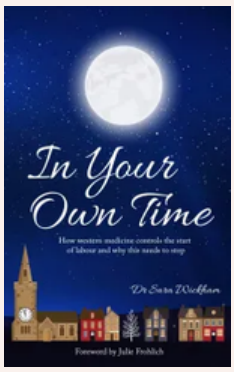
Partial inductions (not always enough):

- If using prostin gel and begin labouring, can avoid further induction methods
- Artificial rupture of membranes only - await for further labour

IOL VS SPONTANEOUS LABOUR

- Longer process to begin labour
- Loved ones can't always stay in the preparation process
- Increased monitoring & "attachments"
- More difficulty mobilising, but still possible
- Less endorphins, so it can be experienced as more painful
- Induction is a package deal with other assessments
- Active management of the placenta is recommended

INDUCTION RESOURCES



Sara Wickham
Books

Episode 33
Episode 133
Episode 134

EVIDENCE
BASED Birth®
Evidence that Empowers!

Research paper: Intrapartum interventions and outcomes for women and children following induction of labour at term in uncomplicated pregnancies: a 16-year population-based linked data study

Research paper: Labour Induction versus Expectant Management in Low-Risk Nulliparous Women

NATURAL METHODS FOR ENCOURAGING LABOUR

You may wish to engage in some natural methods of encouraging labour. Remember that it is completely normal to still be pregnant beyond 40 weeks. Your “due date” is not an eviction notice. For some people, it is normal to be pregnant even beyond 42 weeks. You may choose to do none of this and just wait for your body to be ready. Your healthcare providers may have a very good reason to be offering you an induction, sometimes before 40 weeks if there is a medical indication. This is information only and not healthcare advice, please talk to your providers about the best and safest options for you and your situation.

- Expressing colostrum/ nipple stimulation
- Membrane sweep by a healthcare provider (less evidence now)
- Being active and mobile in varied and upright positions such as curb walking, spinning babies, or miles circuit techniques to optimise baby’s position
- Unprotected sex
- Orgasm
- Acupuncture or acupressure
- Being emotionally ready - let go (or reduce) fears and anxieties around birth, have everything ready in your home so your mind can feel prepared - optimising hormones
- Dates (start at 35 weeks) - limited evidence for cervical softening/ripening only
- Red raspberry leaf tea (start at 32-34 weeks)