Mo THE MIDWIFE
EDUCATE EMPOWER SUPPORT

What is an Induction of Labor?

A SAFE WAY TO START LABOR WHEN IT HAS NOT BEGUN ON ITS OWN.

ELECTIVE INDUCTION

- Chosen by the patient and provider **without a medical reason.**
- May be considered **at or after 39 weeks in low-risk pregnancies.**
- Often based on personal, social, or logistical reasons.

MEDICALLY INDICATED INDUCTION

- Recommended when continuing the pregnancy may pose a risk to the mother or baby.
- **Common reasons include:**
  - High blood pressure / preeclampsia
  - Diabetes
  - Growth restriction (baby not growing well)
  - Low amniotic fluid (oligohydramnios)
  - Post-term pregnancy (≥ 41 weeks)
  - Preterm rupture of membranes (PROM)
  - Concerns with the baby's well-being

INDUCTION vs AUGMENTATION

INDUCTION OF LABOR

- Labor is started when it has not begun on its own.
- The goal is to cause regular contractions and cervical change (softening, thinning and opening).
- Uses medications and/or procedures to ripen the cervix and stimulate contractions.

VS

AUGMENTATION OF LABOR

- Labor has already begun on its own.
- Used when contractions are not strong, regular, or frequent enough, or when labor is not progressing.
- Most commonly done with Pitocin (oxytocin) and/or amniotomy (breaking the water).

COMMON ROUTES (METHODS) OF INDUCTION



CERVICAL RIPENING BALLOON (COOK CATHETER OR FOLEY BALLOON)

- A small balloon is placed in the cervix and filled with fluid.
- Helps open (dilate) the cervix and can start contractions.



PROSTAGLANDINS (Cervidil®, Cytotec® [misoprostol])

- Medication placed in the vagina or taken by mouth.
- Helps soften and thin the cervix (ripen the cervix).



AMNIOTOMY (Artificial Rupture of Membranes – "Breaking the Water")

- A provider uses a small instrument to make a small opening in the amniotic sac.
- Can help labor progress and often increases contractions.



OXYTOCIN (PITOCIN®)

- A medication given through an IV.
- Stimulates regular, stronger contractions.
- The dose is gradually increased to achieve an effective contraction pattern.

WHAT TO EXPECT

- The process can take hours to days, especially if the cervix needs to be ripened.
- You may start with one or more methods.
- Contractions may feel similar to natural labor and generally become stronger over time.
- Your baby's heart rate and your contractions will be closely monitored.
- Progress is different for everyone.

POTENTIAL BENEFITS

- Helps prevent complications when there is a medical reason.
- Can reduce risks for mother and baby.
- Allows delivery at the safest time for your specific situation.
- Helps avoid the risks of going too far past your due date.
- Close monitoring of you and your baby.

POTENTIAL RISKS

- Labor may take longer.
- Higher chance of needing additional interventions (such as epidural or cesarean birth).
- Uterine tachysystole (too many contractions).
- May increase the need for continuous fetal monitoring.
- Possible increased risk of infection (especially if the water is broken for a long time).

TALK WITH YOUR OBSTETRIC PROVIDER OR MIDWIFE
about whether an induction is right for you, the best method, and the timing based on your individual situation and your baby's health.

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