

## Starting Your Labour (day of induction):

On the day of your induction, you will be called to the hospital as soon as it is possible to start your induction safely. We cannot give you an exact appointment time, because it is hard to predict how many women will arrive in labour at any time on any day and how busy the unit may be. You may receive a call from 6:30 a.m. onward, even into the evening. If possible, be packed and ready to come to the hospital within the hour of receiving the call so that things can be started without delay. Have a shower and light breakfast the day of your induction. If no call has come by 12 p.m., have a light lunch. Waiting may be difficult. It is understandable that you will have questions about when you will be called. Please direct any of your concerns to the number listed on the front of this pamphlet.

- **When you arrive at the hospital** come directly to the Registration desk in the Obstetrical Care Unit, triage area (B4). You will be admitted and your health history will be reviewed by the nursing and medical staff. We will begin your induction as soon as we safely can (conditions can change quickly in the Obstetrical Care Unit and sometimes delays happen).

## What will happen to me?

You may have many things happen to you during the induction process after you are admitted including:

- taking samples of your blood
- starting an intravenous (to give you oxytocin as needed)
- assessing your baby's heart rate (may be at regular intervals or continuous with a monitor)
- assessing your contractions and labour in collaboration with you (touching your abdomen to check your contractions)

## Breaking Your Water (Artificial Rupture of Membranes)

If your cervix is soft and open, the membranes can be “broken” (ruptured) to help start your labour. During a vaginal examination a small plastic hook is used to break the sac of water surrounding your baby. It will not harm you or your baby. There may be some discomfort during the procedure. After your water is broken, you will stay in the hospital until you have your baby.

## Oxytocin

If your cervix is ready and you do not start labour after your water has broken, then Oxytocin is the preferred way to start labour.

It is important for you to know that:

- Oxytocin is a drug, like the natural hormone produced by your body, which is given continuously through an intravenous to start labour.
- Oxytocin can also be used with other methods to start or help your labour.
- You and your baby will be continuously monitored

# Patient Information

## Your Labour Is Going To Be Induced

**Induction Date:**

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London Health  
Sciences Centre

519-685-8500 Ext. 58438

## What is Induction of Labour?

Labour will start for about 60 - 80% of women without help. Induction of labour is a process of starting contractions before they occur naturally.

## Why will I be Induced?

Your health care provider (HCP) has decided it will be beneficial for you/your baby to be induced. He/she will discuss the process of induction with you and some examples of reasons include:

- Your pregnancy is beyond 41 weeks.
- Your baby is not gaining weight or is growing too slowly.
- You have high blood pressure caused by your pregnancy.
- Your water breaks but labour does not start on it's own.

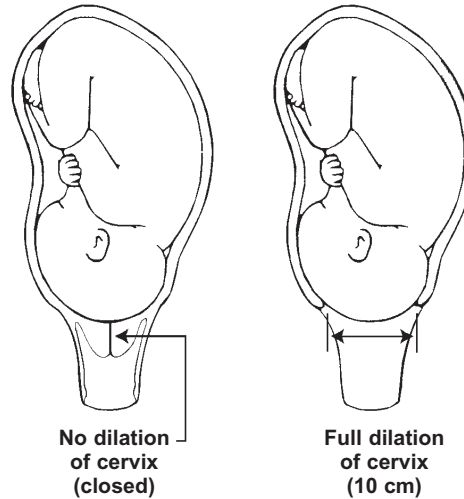
## What are the Risks of Inducing Your Labour?

Being induced is a safe procedure that involves one-to-one nursing care and close monitoring by your HCP in a hospital setting. The risks and benefits of induction need to be discussed with your Healthcare Provider.

You may be asked to come to the Obstetrical Care Unit, Triage area (B4) the evening or day before your induction. The type of induction depends on the condition of your cervix (opening of your uterus).

- Is it soft or hard?
- Is it open (dilated) or closed?
- Is it thin or thick (degree of effacement)?
- Is it anterior (front of vagina) or posterior (back of vagina)?

To determine the condition of your cervix, a vaginal exam will be done both when your induction is arranged and prior to the start of your induction.



## Cervical Ripening/Preparation (the night before):

### Foley Catheter

If your cervix is closed or only slightly open, you might need to have a foley catheter inserted into your cervix. The purpose of the catheter is to cause your cervix to start to soften and open. You need to know that:

- The catheter is a silicone tube with a small inflatable balloon tip at one end.
- A speculum is used to insert it, similar to a pap test

### After the procedure you:

- And your baby will be monitored for 1 hour continuously
- Might feel some cramping and/or pressure
- Might have a small amount of spotting
- May shower but not bathe

The catheter may or may not fall out. If it does, discard it.

The next day, you will receive a phone call telling you when to return for the remainder of your induction. Oxytocin, a drug given through an intravenous, is almost always needed in addition to the catheter.

## Prostaglandins

Based on the condition of your cervix, your doctor has decided to use prostaglandin (medication) to induce labour and/or to prepare your cervix.

### You need to know that:

- Cervidil is a prostaglandin which looks like a short woven ribbon that can be put under your cervix during an internal examination.
- It has a small string to allow its removal and releases a small amount of drug continuously for up to 24 hours.
- It may also start labour with regular contractions

### After the procedure you:

- And your baby will be continuously monitored for 2 hours
- May feel cramps and/or contractions
- May have some spotting related to the vaginal examination
- May shower not bathe

## Return to Triage for reassessment

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### **Return to the Obstetrical Triage area (B4) for any of these reasons:**

- bleeding
- leaking fluid  
i.e. your water breaks
- decreased fetal movements
- regular contractions  
i.e. every 5 minutes for 1 hour