

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 safely start your induction. Based on the busyness of the unit it is possible you may be delayed to another day. You may receive a call as early as 6:30 a.m. or at any point throughout the day or night. Please be packed and ready to come to the hospital within the hour of receiving the call so your induction can be started without delay. Have a shower and eat normally while waiting for your induction. We understand that waiting may be difficult, however please avoid calling the unit simply to inquire when your induction will be started. If you have concerns about you or your baby at any time, please come to the triage area (B4).

- **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's Next?

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 fluids or 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) A monitor may be placed to assess baby's well being

Breaking Your Water (Artificial Rupture of Membranes) or ARM

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, similar to a vaginal examination. After your water is broken, you will stay in the hospital until you have your baby.

If your cervix is ready and you do not start labour after your water has broken, then Oxytocin or Misoprostol are medications that can be given to start labour.

Oxytocin

Oxytocin is a medication identical to the natural hormone produced by your body, which is given continuously through an intravenous to start or strengthen your labour. You and your baby will be continuously monitored while oxytocin is being used.

Misoprostol

Misoprostol is a medication that softens the cervix, to prepare it for labour, and causes labour contractions. It is taken by mouth, as a pill, usually every 4 hours.

Patient Information

Your Labour Is Going To Be Induced

Planned Induction Date:

Cervical Preparation Required:

Yes

No

If you need Cervical Preparation

On this Date: _____

**Please call triage 519-685-8500
Ext 58438 at 1pm to obtain a time to
arrive for your cervical preparation**



**London Health
Sciences Centre**

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?

You and your Health Care Provider (HCP) have 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 or diabetes.
- Any other complication that is deemed necessary by your HCP to be induced.

What are the Risks of Inducing Your Labour?

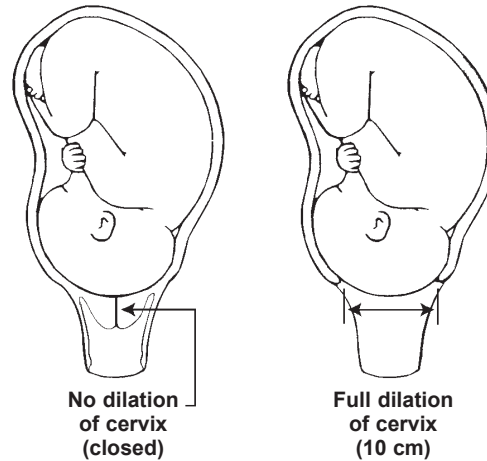
Being induced is a safe procedure that involves one-to-one nursing care and close monitoring by your HCP in a hospital setting. The risks and benefits of induction need to be discussed with your HCP.

Cervical Preparation

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.



If your cervix is closed or only slightly open, you might need to have a foley catheter OR prostaglandins (Cervidil) to prepare your cervix for the induction process.

Foley Catheter

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
- The purpose of the catheter is to cause your cervix to start to soften and open.
- After it has been placed your baby will be monitored for 1 hour continuously
- You might feel some cramping and/or pressure
- you might have a small amount of spotting or light bleeding
- You may shower or bathe
- The catheter may or may not fall out. If it does, discard it.

Cervidil

You need to know that:

- Cervidil is a short woven ribbon that can be put under your cervix during an internal examination.
- Cervidil releases a small amount of medication (prostaglandin) continuously for up to 24 hours, and has a small string for its removal.
- You may have some spotting related to the vaginal examination
- You may feel cramps and/or contractions
- You may shower **but not** bathe
- For some women, Cervidil can actively start labour rather than just prepare the cervix.
- You will be asked to return in approximately 12 hours for an assessment

Return to Triage for your cervical 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
- if you have any active concerns