

Induction of Labour

Induction of labour process

An induction is usually a three step process. However, not all women will require three steps, the steps you need depend on where you start in the process and how your body responds. The first step will be recommended if your cervix requires softening.

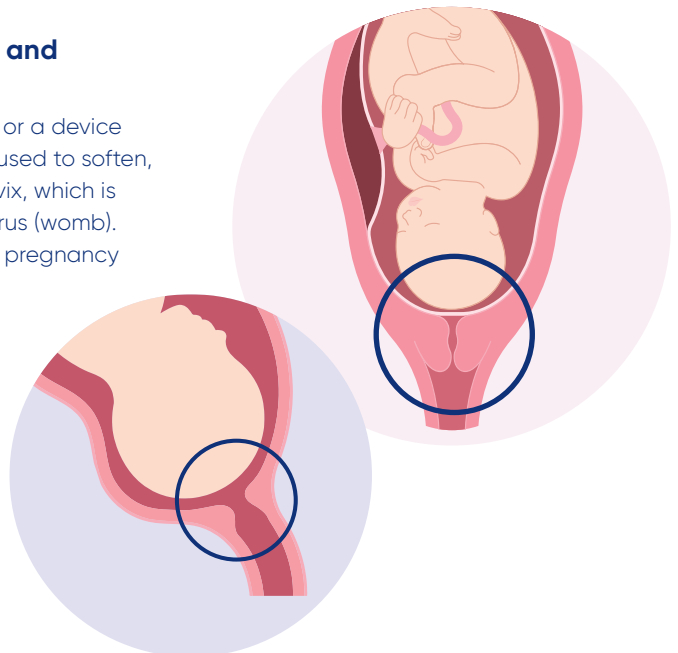
Step 1: A medicine (prostaglandin) or a device (balloon catheter) may be used to soften, shorten and open your cervix, which is the lowest area of your uterus (womb).

Step 2: Breaking your waters (artificial rupture of membranes).

Step 3: A medicine (oxytocin) may be used to start your contractions.

Softening, shortening and opening your cervix

A medicine (prostaglandin) or a device (balloon catheter) may be used to soften, shorten and open your cervix, which is the lowest area of your uterus (womb). Your cervix is closed during pregnancy and opens towards the end of your pregnancy and during labour, to let your baby pass through your vagina and be born.

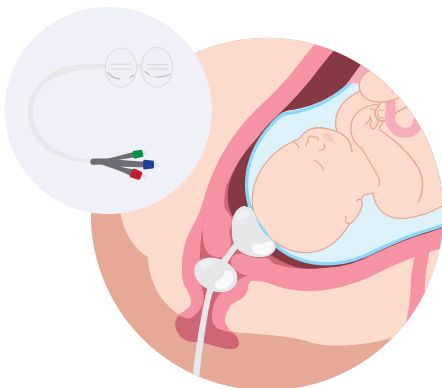


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Balloon Catheter

A soft, thin tube (catheter) is passed into your vagina and through your cervix. Then one or two small balloons at the end of the catheter are filled with fluid. When the catheter is inserted and afterwards, you may find it uncomfortable. The catheter helps the cervix to soften and open (dilate). The balloon catheter is usually left in for between 6 and 18 hours.

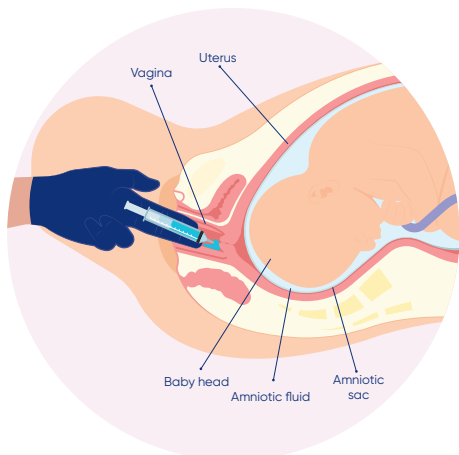
You may be supported to go home for 12 hours following your balloon insertion, or you may be advised to stay in hospital. The balloon catheter is usually uncomfortable for the first few hours as your body adjusts to the pressure. If you are experiencing pain please discuss this with your midwife and they will discuss your options with you.



Prostin Gel

Prostaglandins are naturally produced by the body. They prepare the cervix for labour. Prostin Gel is artificial hormones prostaglandin that aims to do the same thing. Prostin gel comes in a syringe, the syringe is inserted into your vagina and the gel is expelled behind your cervix. This causes your cervix to soften and open (dilate). Gel takes around 6 hours to work. After 6 hours your cervix is checked to see if it is getting softer and starting to open. Sometimes more gel or another method is needed.

You may experience cramps, pain and/or contractions after the gel is inserted. This is usually most intense in the first few hours of the gel being in and will reduce over the first hour. Your baby will be monitored by a CTG prior to and after the gel insertion.





How long does cervical ripening take?

Ripening your cervix can take 6 to 12 hours or more.

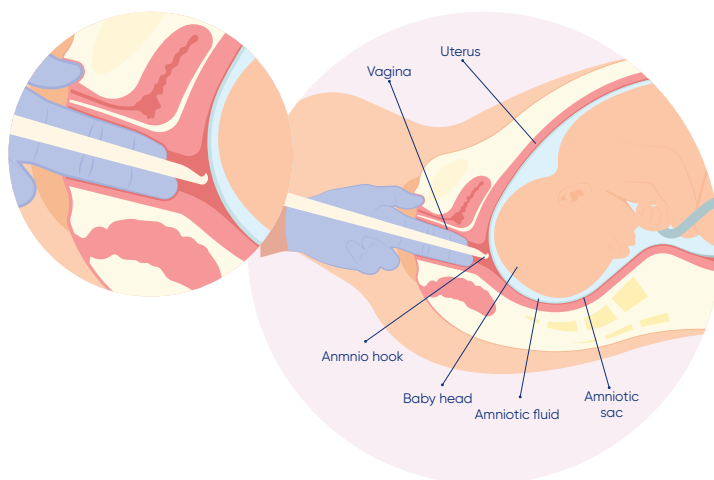
Sometimes more than one method is needed to ripen the cervix, making the process longer.

Breaking your waters

If your waters have not broken, artificial rupture of membranes may be recommended. This is when your doctor or midwife puts a small hole in the bag of membranes or waters around your baby. This is done with a small instrument during a vaginal examination and can only occur once your cervix is open. After your waters have broken an oxytocin infusion will be recommended to start contractions.

Oxytocin

Syntocinon is a synthetic hormone that mimics your body's natural hormone called oxytocin. It is given through an intravenous infusion (drip) in your arm and stimulates contractions of the uterus. The infusion is slowly increased until you are having strong regular contractions. The infusion will continue until after your baby is born. Once the oxytocin infusion has started, your baby's heart rate will be monitored throughout labour using a CTG machine.



What are the risks and benefits of induction?

The risks and benefits of an induction depend on why you are being induced, the method of induction and your individual circumstances. However, there are some things to consider:

What are the risks of induction?

Contractions that are too long or too frequent – During an induction 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 help the uterus to relax and contract less.

Labour does not start – Some women's bodies do not respond to induction hormones. A healthcare professional will explain your options.

Bleeding – Women who are induced are more likely to experience above average blood loss after the birth.

Pain – Pain relief is more commonly used with an induction compared to a spontaneous labour.

What are the benefits?

- Planning time of birth can facilitate specific care that your baby may need when they are born.
- Improvement in some medical conditions associated with pregnancy e.g. pre-eclampsia.
- Reduced risk of infection.
- Reduced risk of complications during the birth related to your baby's size.
- Reduced risk of stillbirth.
- There is no increased risk of needing a caesarean section.

What happens if you don't want an induction of labour?

The decision to have an induction of labour is yours to make. If you decide you do not want an induction, your healthcare provider will discuss alternate options for you and your baby. Your options may include:

- induction of labour in the future
- await spontaneous labour
- have an elective caesarean.



It is important that you understand the benefits and risks of each of the options, understanding this will help you decide what is right for you and your baby.

At Mater Mothers we respect your right to decide on what care is best for you. You will continue to receive respectful care within the parameters of your consent throughout your pregnancy, birth and parenting journey.



Mater Mothers' Hospitals

 maternalmothers.org.au

 Raymond Terrace
South Brisbane QLD 4101

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