



Induction of Labor

Induction of labor is the use of medicines to start the process of labor and childbirth.

Induction of labor may be used if one of the following conditions exists:

- 1) Pregnancy has continued past the due date.
- 2) High blood pressure caused by the pregnancy has occurred, a condition called preeclampsia.
- 3) Infection of the amniotic sac
- 4) Early rupture of the membranes without labor.
- 5) Poor growth of the baby.
- 6) Rh incompatibility between the mother and the baby.
- 7) Diabetes in pregnancy
- 8) Kidney disease
- 9) Death of the baby prior to birth.

Before inducing labor, the doctor must assess the cervix to see if dilation or thinning of the cervix has occurred. The baby's position must also be confirmed. If the baby is premature the doctor may also perform tests to determine if the baby's lungs are mature. This is done via amniocentesis.

Induction of labor occurs in labor and delivery. The most common way to induce labor is amniotomy (breaking the bag of water) and oxytocin (Pitocin). Amniotomy (breaking the bag of water) is not any more painful than a normal vaginal exam. The doctor will use a special hooked instrument to make a small hole in your bag of water. Once it is torn the amniotic fluid will start to come out and uterine contractions usually start. This cannot be done safely if your cervix is not dilated or if the baby's head is too high in your pelvis.

The doctor may decide to start labor using oxytocin (pitocin). Oxytocin is a natural hormone that makes the uterus contract. Before oxytocin is started the doctor and nurses will be monitoring the baby's heart rate. The monitor will also measure how often you are having contractions. The nurse will begin an IV line so oxytocin can be given intravenously. At first you will get a small dose and it will be increased slowly until your contractions reach an appropriate strength and frequency. The doctor or nurse will adjust and continue the oxytocin until the baby is born. If you start contracting on your own the medication may be decreased or shut off. The risks associated with induction of labor can almost always be prevented by closely adhering to standard techniques such as close fetal monitoring and gradual escalation of the oxytocin dose. There is always small risk of fetal distress from contractions that are too strong or frequent, or from a squeezing (compression) of the umbilical cord. The other risk is of injury to the uterus itself such as a tear or rupture.

When complications occur, the oxytocin will stop and delivery may be performed via cesarean section if the problem cannot be corrected. If the baby is far down the birth canal, the doctor may use forceps or suction to deliver the baby vaginally.