

Induced Labor

Labor may be induced if the health of the woman or baby is at risk. The reason for induction including the risks and benefits will be discussed with you when induction is recommended by your physician.

The following are possible reasons for inducing labor

- Post date pregnancy (41 weeks or more)
- Decreased amniotic fluid
- Decreased fetal activity
- Insufficient fetal growth (intrauterine growth retardation)
- Gestational diabetes
- Small for dates pregnancy
- High blood pressure or pregnancy induced hypertension
- Medical problems that could harm you or your baby
- Chorioamnionitis (Infection in the uterus)
- Premature rupture of membranes (the amniotic sac has broken)

There may be elective reasons why you may request induction. Living far from the hospital or having advanced cervical dilation may be an indication. Labor will never be induced electively before 39 weeks. While it is normal for you to want your own doctor to deliver your baby, we do not recommend induction just to make this possible. All of the physicians at Los Olivos are excellent and will follow your desires for a normal birth should your own doctor not be available.

There are a number of methods for starting labor. Most methods are started at the hospital, where labor and delivery services are nearby and the baby can be monitored.

Stripping the Membranes

To strip the membranes, your doctor checks your cervix with a gloved finger. The amniotic membranes are dislodged gently from the wall of the uterus. Cramping and spotting may occur if this is done. Stripping the membranes causes the uterus to release prostaglandins. These hormones ripen the cervix and may cause contractions.

Ripening the Cervix

If your cervix is not ready for labor, medication (prostaglandin) can be placed next to the cervix to stimulate cervical changes. Cervidil is the most frequently used as cervical ripening agent. This medication is administered at the hospital where their effects on labor can be monitored. Once the cervix is “ripe”, pitocin is given to start the contractions.

Rupturing the Amniotic Sac

Amniotomy or “breaking the bag” may stimulate contractions or may make them stronger. If your cervix is dilated sufficiently, your doctor can make a small hole in the amniotic sac, allowing the fluid leak out. An amniotomy is performed with an amniohook during a cervical exam. There is no pain or discomfort associated with amniotomy. Most women go into labor within hours of their water breaking. If labor does not begin spontaneously, pitocin (oxytocin) is administered intravenously.

Pitocin

Pitocin is the artificial form of oxytocin, the hormone that causes contractions. Pitocin is administered intravenously by a programmed pump. Pitocin is gradually increased, mimicking a natural labor pattern. While on pitocin, the baby’s heart rate, as well as the length and frequency of contractions will be monitored.

Reasons Labor Should Not Be Induced Include:

- Placenta previa (the placenta is attached over the cervix)
- Breech position
- Umbilical cord prolapse
- Previous uterine myomectomy
- Previous cesarean section

If your doctor feels that labor induction is the best option for you and your baby, he or she will explain the reasons and procedures in detail. You should feel free to ask questions and have your concerns addressed.