

# Labor and Delivery NMCP

Phone: 757-953-4601

## Induction of Labor Information and Instructions

Date of Induction: \_\_\_\_\_ Indication: \_\_\_\_\_

Please understand that this is **NOT** a set appointment time - obstetrics can be very unpredictable. We do our best to induce you on your scheduled day but understand you may be postponed for your safety and the safety of other patients. Inductions can take anywhere from 1 to 3 days. We cannot predict whether yours will be short or long.

**The labor and delivery charge nurse will call you when there is availability for you to come in around the date of your scheduled induction.** Availability fluctuates based on hospital acuity, staffing abilities, and provider availability. Please keep your phone on loud starting at 0000 the day of your induction as you may be called at any time. Once you receive a call, please take time to pack bags, eat a small meal, shower and make your way to the hospital.

Induction of labor is known to be safe and effective. Risks for induction are similar to that of spontaneous labor. You will still have the option to use medications for pain (e.g. IV medication and/or epidural) during your induction unless previously discussed at your prenatal visits.

Pain management is based on patient preference.

Please eat a good meal prior to coming to your induction. **Once the induction starts, you are limited to clear liquids only.** You may choose to bring your favorite clear liquids in with you (popsicles, drinks, etc). Please do not bring solid foods with you to eat during your induction. This can increase your risk of aspiration if surgery is necessary.

### Induction of Labor: The Basics

Your cervix will be checked manually on admission. This involves placing two fingers into the vagina to reach the cervix. Your cervical exam tells us a few things: cervical dilation (0-10cm), cervical effacement (cervical thickness), cervical position, cervical consistency, and fetal station. Depending on your exam, your provider will provide a medical recommendation on how to proceed. There are four major stages of an induction: Cervical Ripening, Latent Labor, Active Labor, and Pushing.

1. **Cervical Ripening:** when your cervix is closed or only a few centimeters dilated then we can use agents like prostaglandins, mechanical balloons, and sometimes Pitocin to help prepare your cervix for induction and labor. This can take up to 24 hours.
2. **Latent labor** ("Early Labor): typically when your cervix is soft, dilated to 3-5cm, and starting to thin out/efface and you're having more regular contractions. This part of labor less predictable and can last several hours (up to 24 hours).
3. **Active labor:** when you are dilated to 6cm but less than 10cm; this is the most predictable part of labor with regular cervical change every 1-2 hours
4. **Pushing:** you will start pushing when you are 10cm dilated; pushing can take up to 3-4 hours, especially if this is your first delivery

**Not all patients have the same induction timelines and that's okay!**

## Induction of Labor Methods

**Prostaglandins:** these medications are used for cervical ripening; they can be administered vaginally (misoprostol/Cytotec® or dinoprostol/Cervidil®) or by mouth (misoprostol/Cytotec®). Cervidil® is often left in place for 12 hours. Cytotec® is dosed every 4 to 6 hours.

**Mechanical Balloon (Foley Bulb/Cooks® Catheter):** these are mechanical ways to dilate your cervix. Sometimes this procedure is uncomfortable. A catheter is placed through the cervix and a small balloon is inflated inside the uterus. The balloon helps separate the membranes from the cervix, releasing your body's own prostaglandins. The balloon is typically left in place until it falls out or up to 12 hours. This typically gets you to 3-5cm dilation.

Oftentimes, you will receive a prostaglandin and a mechanical balloon at the same time to help with cervical ripening.

**Oxytocin/Pitocin®:** This is a synthetic version of what your brain naturally makes to generate uterine contractions/labor and to allow for breast milk let down. This medication goes through your IV. Your nurse will increase or decrease your dose as need to ensure you are having a regular contraction pattern.

**Artificial Rupture of Membranes (AROM; “break your bag of water”):** This procedure is not painful but it can make your contractions intensify afterwards. This allows your baby's head to progress into the pelvis and stimulate natural labor. This is often done either at the time that oxytocin is started or a few hours later. However, if your water breaks on its own, that's great too!

## Fetal and Uterine Monitoring

During an induction, we will monitor your baby's heart rate and your uterine contractions to help assess your labor. Most of the time, these monitors are external. In some instances, internal monitors are placed into the uterus and on baby's scalp to help monitor your labor. An **intrauterine pressure catheter (IUPC)** can be used to determine how strong your contractions are or to replace fluid back into your uterus if needed after your water breaks. A **fetal scalp/spiral electrode (FSE)** may be placed if it is difficult to determine your baby's heart rate during your labor course.

Please be sure to discuss any questions or concerns with your doctor, midwife, or nurse practitioner.  
We look forward to caring for you and your family.

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