DOWNLOAD PDF INDUCTION OF LABOUR

Chapter 1 : Induction of labour - NICE Pathways

Labor is induced to stimulate contractions of the uterus in an effort to have a vaginal birth. Labor induction may be recommended if the health of the mother or fetus is at risk. In special situations, labor is induced for nonmedical reasons, such as living far away from the hospital. This is called.

Sex Theoretically, there are multiple reasons why having sex could induce labor. For example, sex can release oxytocin, which may help jumpstart uterine contractions. Doing so can increase your risk of infection. Nipple stimulation Stimulating your nipples can cause your uterus to contract and may bring about labor. Oxytocin is the hormone that causes the uterus to contract and milk to be ejected from the breast. In fact, if you choose to breastfeed your baby right after delivery, this same stimulation is what will help your uterus shrink back to its original size. You or your partner may manually stimulate your nipples, or you can try using a breast pump. Share on Pinterest Acupuncture stimulates the release of oxytocin in the body. In a randomized trial in Denmark, more than women were given acupuncture, membrane stripping, or both procedures before labor. There were no significant differences in the outcomes of the groups, but the vast majority of these women did not require medical inductions. Acupressure Some practitioners believe that acupressure can start and restart labor. Prior to applying acupressure to yourself, make sure you get proper instruction from a trained acupressure professional. Membrane stripping Some providers will offer to strip your membranes to encourage labor. Though the procedure is done in the office, there are no medications involved. Your doctor will use a gloved finger to separate the amniotic sac from the area around the cervix. This action releases hormones called prostaglandins, which help the body go into labor. If you have any vaginal infections, membrane stripping is not an option. Following the procedure, you may experience cramps and spotting. If you experience bleeding similar to a menstrual period, contact your doctor. There may be increased risk of your water breaking when membranes are stripped. Breaking of the water increases your risk of other medical interventions, including cesarean section. If your water breaks, head to your birth center. They will want you to deliver within the next 24 hours.

Chapter 2 : Induction of Labour - Indications - Risks - Procedure - TeachMeObGyn

Labor induction is the process or treatment that stimulates childbirth and delivery. Inducing labor can be accomplished with pharmaceutical or non-pharmaceutical methods. In Western countries, it is estimated that one quarter of pregnant women have their labor medically induced with drug treatment.

For some women, inducing labor is the best way to keep mom and baby healthy. Inducing labor should only be for medical reasons. If your provider recommends inducing labor, ask if you can wait until at least 39 weeks to give your baby time to develop before birth. What is inducing labor? Inducing labor also called labor induction is when your health care provider gives you medicine or uses other methods, like breaking your water amniotic sac , to make your labor start. The amniotic sac also called bag of waters is the sac inside the uterus womb that holds your growing baby. The sac is filled with amniotic fluid. Contractions are when the muscles of your uterus get tight and then relax. Contractions help push your baby out of your uterus. If there are medical reasons to schedule induction, talk to your provider about waiting until at least 39 weeks of pregnancy. This gives your baby the time she needs to grow and develop before birth. Inducing labor should be for medical reasons only. How is labor induced? Your health care provider uses one or more of these treatments to induce labor: Separating the amniotic sac from the wall of the uterus also called stripping or sweeping the membranes. Your provider gently puts a gloved finger through your cervix and separates the amniotic sac from your uterus. The cervix is the opening to the uterus that sits at the top of the vagina. You may have some cramping or spotting. Your provider gives you medicine called prostaglandins to help soften and thin your cervix so it will open during labor. You may get the medicine by mouth or it may be put in your vagina. You get the medicine at a hospital. Your provider also may use a medicine called laminaria in your vagina. It absorbs moisture and expands to help open the cervix. Or your provider may use an instrument called a Foley bulb. This is a thin tube with a balloon at the end. Your provider inserts it in the vagina to widen the cervix. Giving you medicines to start contractions. Providers often use a medicine called oxytocin to induce labor. This medicine is the man-made form of a hormone that helps start contractions. At the hospital, your provider gives you oxytocin through an IV a needle into a vein. It may make you have really strong contractions. Ask your provider about pain medicine you may want to have during labor. Breaking your water also called rupturing the membranes or amniotomy. Your provider uses a small hook that looks like a knitting needle to break the amniotic sac that holds your baby. Inducing labor can take a few hours or a few days. It depends on how your body responds to your treatment. What are the risks of inducing labor? Your due date may not be exactly right. If you schedule an induction and your due date is off, your baby may be born too early. If your pregnancy is healthy, wait for labor to begin on its own. If you need to schedule an induction for medical reasons, ask your provider if you can wait until at least 39 weeks. Oxytocin and medicines that ripen the cervix can make labor contractions too close together. You and your baby are at higher risk of infection. The amniotic sac normally protects your baby and your uterus from infection. If labor takes a while to start after your membranes rupture, infections are more likely. There may be problems with the umbilical cord. If the amniotic sac is broken, the cord may slip into the vagina before your baby does. This is called umbilical cord prolapse. Umbilical cord prolapse can cause the umbilical cord to get squeezed during birth. Induction may not work so you may need a c-section also called cesarean birth. C-section is surgery in which your baby is born through a cut that your provider makes in your belly and uterus. You may have a uterine rupture. This is when the uterus tears during labor. It happens rarely, but it can cause serious bleeding. You may be at higher risk of serious bleeding after birth called postpartum hemorrhage.

Chapter 3 : Inducing Labor - American Pregnancy Association

Induction is very common -- 1 out of 4 women in the U.S. starts labor with induction. Many times it's done for medical reasons. But some women are induced for convenience, either their own or.

Sign up now Inducing labor: When to wait, when to induce Considering inducing labor? Nature controls most aspects of labor â€" but sometimes nature needs a nudge. If your health care provider decides you and your baby would benefit from delivering sooner rather than later, he or she might suggest inducing labor. Why would I need to be induced? Labor induction â€" also known as inducing labor â€" is the stimulation of uterine contractions during pregnancy before labor begins on its own to achieve a vaginal birth. Nature typically prepares the cervix for delivery in the most efficient, comfortable way. Why the concern after two weeks? Can I request an elective induction? For example, if you live far from the hospital or birthing center or you have a history of rapid deliveries, a scheduled induction might help you avoid an unattended delivery. Can I do anything to trigger labor on my own? Also, avoid herbal supplements, which could harm your baby. What are the risks? For example, it might not be an option if you have had a prior C-section with a classical incision or major uterine surgery, your placenta is blocking your cervix placenta previa , or your baby is lying buttocks first breech or sideways transverse lie in your uterus. Inducing labor also carries various risks, including: About 75 percent of first-time mothers who are induced will have a successful vaginal delivery. This means that about 25 percent of these women, who often start with an unripened cervix, might need a C-section. Your health care provider will discuss with you the possibility of a need for a C-section. Some methods of labor induction, such as rupturing your membranes, might increase the risk of infection for both mother and baby. This is a rare but serious complication in which your uterus tears open along the scar line from a prior C-section or major uterine surgery. An emergency C-section is needed to prevent life-threatening complications. Your uterus might need to be removed. Inducing labor is a serious decision. Work with your health care provider to make the best choice for you and your baby.

Chapter 4 : Maternity Services â€“ induction of labour

induction of labour in specific circumstances - suspected fetal macrosomia recommended methods for induction of labour methods that are not recommended for induction of labour.

Uterine incisions used during C-sections Uterine incisions used during C-sections A C-section includes an abdominal incision and a uterine incision. After the abdominal incision, the doctor will make an incision in your uterus. Low transverse incisions are the most common top left. Classical incisions are usually reserved for rapid delivery or for very preterm fetuses bottom. A low vertical incision might be used if your baby is in an awkward position top right. Labor induction carries various risks, including: About 75 percent of first-time mothers who are induced will have a successful vaginal delivery. This means that about 25 percent of these women, who often start with an unripened cervix, might need a C-section. Your health care provider will discuss with you the possibility of a need for a C-section. Some methods of labor induction, such as rupturing your membranes, might increase the risk of infection for both mother and baby. Prolonged membrane rupture increases the risk of an infection. This is a rare but serious complication in which your uterus tears open along the scar line from a prior C-section or major uterine surgery. Very rarely, uterine rupture can also occur in women who had never had previous uterine surgery. An emergency C-section is needed to prevent life-threatening complications. Your uterus might need to be removed. Labor induction might not be an option if: How you prepare Labor induction is done in a hospital or birthing center, where you and your baby can be monitored and labor and delivery services are readily available. However, some steps might be taken prior to admission. What you can expect During the procedure There are various methods for inducing labor. Depending on the circumstances, your health care provider might: Sometimes synthetic prostaglandins, which are typically placed inside the vagina, are used to thin or soften ripen the cervix. In other cases, a small tube catheter with an inflatable balloon on the end is inserted into the cervix. Filling the balloon with saline and resting it against the inside of the cervix helps ripen the cervix. Rupture the amniotic sac. With this technique, also known as an amniotomy, your health care provider makes a small opening in the amniotic sac with a plastic hook. You might feel a warm gush of fluid when the sac opens, also known as your water breaking. Your health care provider will examine the amniotic fluid for traces of fecal waste meconium. Use an intravenous medication. In the hospital, your health care provider might intravenously give you a synthetic version of oxytocin Pitocin â€” a hormone that causes the uterus to contract. Oxytocin is more effective at speeding up augmenting labor that has already begun than it is as a cervical ripening agent. Keep in mind that your health care provider might also use a combination of these methods to induce labor. How long it takes for labor to start depends on how ripe your cervix is when your induction starts, the induction techniques used and how your body responds to them. If your cervix needs time to ripen, it might take days before labor begins. If you simply need a little push, you might be holding your baby in your arms in a matter of hours. After the procedure In most cases, labor induction leads to a successful vaginal birth. If labor induction fails, you might need to try another induction or have a C-section. If you have a successful vaginal delivery after induction, there might be no implications for future pregnancies. If the induction leads to a C-section, your health care provider can help you decide whether to attempt a vaginal delivery with a subsequent pregnancy or to schedule a repeat C-section.

Chapter 5 : Induction of Labour

Labor induction â€" also known as inducing labor â€" is the stimulation of uterine contractions during pregnancy before labor begins on its own to achieve a vaginal birth. A health care provider might recommend labor induction for various reasons, primarily when there's concern for a mother's health or a baby's health.

When does labor need to be induced? September 24, ; Last Update: March 22, ; Next update: But if the baby is more than one week late, inducing labor will lower the risk of complications. Most babies are born around the estimated due date, usually within two weeks before or afterwards. A pregnancy that continues for longer than 42 weeks is called a post-term, prolonged or overdue pregnancy. But after that, the likelihood of the mother or child developing health problems gradually increases. Labor can then be induced quickly, or the baby can be delivered by an operation known as a Cesarean section. This does not happen a lot, though, because most overdue women go into labor naturally before further steps become necessary. Advantages and disadvantages of inducing labor The disadvantages of being overdue usually affect the baby rather than the mother. The main risk is that the placenta might stop providing the baby with everything he or she needs. The risk of infections in the womb and unexpected complications during childbirth increases too. Although being overdue is generally associated with fewer risks for the pregnant woman, childbirth can be more difficult if the child is too big. It is difficult to say at what point a woman has been pregnant for too long. To lower the risk of complications, though, it is common to induce labor after a certain amount of time has passed, even if the mother and baby are still doing well. It makes sense to induce labor at the point when the benefits to the mother and baby outweigh the potential risks associated with inducing labor. Inducing labor after 41 completed weeks has more advantages than disadvantages Researchers from the Cochrane Collaboration â€" an international network of researchers â€" wanted to find out at what point in pregnancy it makes sense to induce labor. To do so, they looked for studies in which pregnant women had agreed to either be induced in a particular week, or to wait and only be induced if there were any problems. The women were randomly assigned to one of the two groups. All of the women in the studies had a low risk of complications during birth. This allowed their doctors to see whether there were any problems that would make it necessary to induce labor or deliver the baby by Cesarean section after all. The researchers found a total of 22 studies including about 9, women. This is what was found: The outcome Ten studies involving about 6, women looked into whether inducing birth one week after the due date can reduce the risk of the baby dying. The main finding was: When labor was induced after 41 completed weeks of pregnancy, fewer than 1 out of 1, overdue babies died. The research showed that inducing labor after 41 full weeks of pregnancy prevented 2 out of 1, babies from dying during birth or shortly afterwards. Inducing labor after this amount of time was also found to lower the risk of other problems such as meconium aspiration breathing in meconium. If the baby becomes very distressed during labor, he or she might breathe in meconium, which can then get into his or her lungs. Meconium aspiration can cause serious breathing problems. The studies showed the following: When labor was induced, about 7 out of 1, babies had this problem. Being overdue often increases the likelihood of needing a Cesarean section. This operation is associated with risks such as bleeding, infections and poor wound healing. The studies on inducing labor show that women are somewhat less likely to need a Cesarean section if labor is induced after 41 completed weeks: When labor was induced, about out of 1, women had a Cesarean section. At the end of the day, the decision of whether to induce labor â€" and, if so, when to induce it â€" is made on an individual basis. It will mainly depend on the risk of complications during childbirth. Induction of labour for improving birth outcomes for women at or beyond term. Cochrane Database Syst Rev ; 6: PMC] [PubMed: Because IQWiG is a German institute, some of the information provided here is specific to the German health care system. The suitability of any of the described options in an individual case can be determined by talking to a doctor. We do not offer individual consultations. Our information is based on the results of good-quality studies. It is written by a team of health care professionals, scientists and editors, and reviewed by external experts. You can find a detailed description of how our health information is produced and updated in our methods.

Chapter 6 : Inducing labor | March of Dimes

Induction of labour may take a while, particularly if the cervix (the neck of the uterus) needs to be softened with pessaries or gels. If you have a vaginal tablet or gel, you may be allowed to go home while you wait for it to work.

Patient selection see Table 5 Using a small amount of water-miscible lubricant, place the tab into the posterior fornix of the cervix. As the device absorbs moisture and swells, it releases dinoprostone at a rate of 0. Monitor fetal heart rate and uterine activity continuously, starting 15 to 30 minutes before introduction of the insert. Because hyperstimulation may occur up to nine and one-half hours after placement of the insert, fetal heart rate and uterine activity should be monitored from placement of the insert until 15 minutes after it is removed. After insertion, the patient should remain recumbent for two hours. Remove the insert by pulling the cord after 12 hours, when active labor begins, or if uterine hyperstimulation occurs. Information from Hadi H. Cervical ripening and labor induction: Clin Obstet Gynecol ; TABLE 6 Patient selection see Table 5 Using a small amount of water-miscible lubricant, place the tab into the posterior fornix of the cervix. The Cochrane reviewers examined 52 well-designed studies using prostaglandins for cervical ripening or labor induction. Compared with placebo or no treatment , use of vaginal prostaglandins increased the likelihood that a vaginal delivery would occur within 24 hours. In addition, the cesarean section rate was comparable in all studies. The only drawback appears to be an increased rate of uterine hyperstimulation and accompanying FHR changes. Food and Drug Administration for that purpose. Clinical trials indicate that the optimal dose and dosing interval is 25 mcg intravaginally every four to six hours. Finally, uterine rupture in women with previous cesarean section is also a possible complication, limiting its use to women who do not have a uterine scar. The patient should remain recumbent for 30 minutes. Monitor fetal heart rate and uterine activity continuously for at least three hours after misoprostol application before the patient is allowed to ambulate. When oxytocin Pitocin augmentation is required, a minimum interval of three hours is recommended after the last misoprostol dose. Not recommended for cervical ripening in patients who have a uterine scar. A randomized trial of misoprostol and extra-amniotic saline infusion for cervical ripening and labor induction. Obstet Gynecol ;91 5 pt 1: TABLE 7 Technique for Intravaginal Application of Misoprostol Cytotec Tablets Place one fourth of a tablet of misoprostol intravaginally, without the use of any gel gel may prevent the tablet from dissolving. The Cochrane reviewers concluded that use of misoprostol resulted in an overall lower incidence of cesarean section. In addition, there appears to be a higher incidence of vaginal delivery within 24 hours of application and a reduced need for oxytocin Pitocin augmentation. Progesterone inhibits contractions of the uterus, while mifepristone counteracts this action. Currently, seven trials are underway involving women using mifepristone for cervical ripening. Results have shown that women treated with mifepristone are more likely to have a favorable cervix within 48 to 96 hours when compared with placebo. In addition, these women were more likely to deliver within 48 to 96 hours and less likely to undergo cesarean section. However, little information is available about fetal outcomes and maternal side effects; thus, there is insufficient information to support the use of mifepristone for cervical ripening. Cochrane reviewers evaluated results of four studies involving women and concluded that there is insufficient support for the use of relaxin at this time. As with many of the other methods described in this review, further trials are needed. Oxytocin activates the phospholipase C-inositol pathway and increases intracellular calcium levels, stimulating contractions in myometrial smooth muscle. Numerous randomized, placebo-controlled studies have focused on the use of oxytocin in labor induction. It has been found that low-dose physiologic and high-dose pharmacologic oxytocin regimens are equally effective in establishing adequate labor patterns. Get immediate access, anytime, anywhere. Choose a single article, issue, or full-access subscription. Earn up to 6 CME credits per issue.

Chapter 7 : Induction of labour - information about having labour induced | Tommyâ€™s

f Induction of labour should be performed only when there is a clear medical indication for it and the expected benefits outweigh its potential harms. f In applying the recommendations, consideration must be given to the actual.

These days practitioners aim to carry all pregnancies to term, or 39 weeks â€” which means labor should not be induced electively before then. However situations do sometimes arise when nature needs a little nudge. Why labor is induced There are a number of reasons your practitioner may decide to induce labor, including: Sometimes conditions like preeclampsia , diabetes, gestational diabetes , issues with the placenta or problems with amniotic fluid low levels or infection make it risky to continue the pregnancy. If your water has broken and contractions have not started on their own within 24 hours, your doctor may induce. If tests suggest your baby is mature enough to deliver, your practitioner may opt for induction. You might not make it to the hospital. Known as an elective induction, it should be scheduled at the place where you plan to deliver no earlier than 39 weeks. ACOG suggests that certain procedures that may have happened sooner or more often in the past be delayed or avoided altogether if possible, unless they become necessary. How does labor induction work? However if your cervix shows no signs of dilating and effacing softening, opening, thinning to allow your baby to leave the uterus and enter the birth canal, your practitioner will need to get the ripening rolling. Your cervix will be checked after a few hours; often, this will be enough to get labor and contractions started. And in some cases, your practitioner may use a mechanical agent to ripen the cervix, such as a catheter with an inflatable balloon or graduated dilators, instead. If your bag of waters amniotic sac is still intact, your practitioner may get labor started by swiping her finger across the fine membranes that connect the amniotic sac. This causes the uterus to release prostaglandin, just as it would if labor began naturally, which should in turn cause the cervix to soften and contractions to start. This is one of the procedures that the new ACOG guidelines suggest may not be necessary in all women with low-risk pregnancies. If neither the prostaglandin gels nor the stripping or rupturing of the membranes has brought on regular contractions within a couple of hours, your practitioner will slowly give you the medication Pitocin a synthetic form of the naturally-occurring hormone oxytocin via an IV to induce or augment contractions. The risks of labor induction While in the majority of cases labor induction goes smoothly, complications sometimes arise. The uterus contracts too quickly, causing changes in fetal heart rate or umbilical cord problems Infection in mother or baby Uterine rupture Increased risk of C-section In very rare cases, fetal death However know that throughout the process your baby will be continuously monitored via electronic fetal monitoring , which will help your practitioner to assess how he or she is dealing with the stress of induced labor and take steps to protect both of you. For low-risk pregnancies where labor is progressing normally and not being induced, ACOG suggests that intermittent, rather than continuous, fetal monitoring may be appropriate in some cases. Some women swear by them, but none of the homegrown methods passed from mom-to-be to mom-to-be has been documented as consistently effective. If this is the case for you, your practitioner may try to induce labor again or opt for a C-section. Once your contractions are in full swing, your labor should progress just as a non-induced labor does learn more about the phases of labor.

Chapter 8 : WHO | WHO recommendations for induction of labour

Inducing labor is the artificial start of the birth process through medical interventions or other methods. Induction not done for medical reasons or as an emergency is considered elective. Induction of labor has recently been on the rise for purposes of convenience or to accommodate busy schedules.

Labor induction is the use of medications or other methods to bring on induce labor. Why is labor induced? Labor is induced to stimulate contractions of the uterus in an effort to have a vaginal birth. Labor induction may be recommended if the health of the mother or fetus is at risk. In special situations, labor is induced for nonmedical reasons, such as living far away from the hospital. This is called elective induction. Elective induction should not occur before 39 weeks of pregnancy. What is the Bishop score? To prepare for labor and delivery, the cervix begins to soften ripen , thin out, and open. These changes usually start a few weeks before labor begins. Health care professionals use the Bishop score to rate the readiness of the cervix for labor. With this scoring system, a number ranging from 0â€”13 is given to rate the condition of the cervix. A Bishop score of less than 6 means that your cervix may not be ready for labor. What is "ripening the cervix"? Ripening the cervix is a process that helps the cervix soften and thin out in preparation for labor. Medications or devices may be used to soften the cervix so it will stretch dilate for labor. How is cervical ripening performed? Ripening of the cervix can be done with prostaglandins or with special devices. Prostaglandins are drugs that can be used to ripen the cervix. They are forms of chemicals produced naturally by the body. These drugs can be inserted into the vagina or taken by mouth. Some of these drugs are not used in women who have had a previous cesarean delivery or other uterine surgery to avoid increasing the possible risk of uterine rupture tearing. What devices are used to ripen and dilate the cervix? Laminaria a substance that absorbs water can be inserted to expand the cervix. A catheter small tube with an inflatable balloon on the end also can be inserted to widen the cervix. What is "stripping the membranes"? Stripping the membranes is a way to induce labor. The health care professional sweeps a gloved finger over the thin membranes that connect the amniotic sac to the wall of your uterus. This action may cause your body to release prostaglandins, which soften the cervix and may cause contractions. How can rupturing the amniotic sac bring on labor? Rupturing the amniotic sac can start contractions. It also can make them stronger if they have already begun. The health care professional makes a small hole in the amniotic sac with a special tool. This procedure, called an amniotomy, may cause some discomfort. When is amniotomy done? Most women go into labor within hours after the amniotic sac breaks their "water breaks". Oxytocin is a hormone that causes contractions of the uterus. It can be used to start labor or to speed up labor that began on its own. Contractions usually start in about 30 minutes after oxytocin is given. What are the risks associated with labor induction? With some methods, the uterus can be overstimulated, causing it to contract too frequently. Too many contractions may lead to changes in the fetal heart rate, umbilical cord problems, and other problems. Other risks of cervical ripening and labor induction include the following: Infection in the mother or fetus Uterine rupture Increased risk of cesarean birth Fetal death Medical problems that were present before pregnancy or occurred during pregnancy may contribute to these complications. Is labor induction always effective? Sometimes labor induction does not work. A failed attempt at induction may mean that you will need to try another induction or have a cesarean delivery. The chance of having a cesarean delivery is greatly increased for first-time mothers who have labor induction, especially if the cervix is not ready for labor. Artificial rupture of the amniotic sac. The lower, narrow end of the uterus at the top of the vagina. The stage of prenatal development that starts 8 weeks after fertilization and lasts until the end of pregnancy. Slender rods made of natural or synthetic material that expands when it absorbs water; they are inserted into the opening of the cervix to widen it. A hormone made in a part of the brain called the hypothalamus that causes the uterus to contract and milk to be released into the milk ducts of the breast during breastfeeding. A synthetic form of oxytocin can be given as a drug to induce labor contractions or make them stronger. Chemicals that are made by the body that have many effects, including causing the muscle of the uterus to contract, usually causing cramps. A cord-like structure containing blood vessels that connects the fetus to the placenta. A muscular organ located in the female pelvis that contains and

nourishes the developing fetus during pregnancy. If you have further questions, contact your obstetricianâ€”gynecologist. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Chapter 9 : Bishop score - Induction of Labour - NCBI Bookshelf

Induction of labor is when labor is medically initiated before it naturally begins on its own. This is done for a variety of reasons, but it is a decision that you make with your doctor or midwife, usually later in your pregnancy.

Induction not done for medical reasons or as an emergency is considered elective. Induction of labor has recently been on the rise for purposes of convenience or to accommodate busy schedules. What are some medical reasons for inducing labor? Labor is likely to be induced: When a complication develops such as: If the baby is in danger of not getting enough nutrients and oxygen from the placenta. The pregnancy is prolonged beyond 42 weeks with possible risk to the baby from a gradual decrease in the supply of nutrients from the placenta. There is an infection inside the uterus known as chorioamnionitis. How is labor induced? Labor can be induced by the following methods: Suppositories are inserted into the vagina during the evening causing the uterus to go into labor by morning. One advantage to this method is that the mother is free to move around the labor room. The body naturally produces the hormone oxytocin to stimulate contractions. Pitocin and Syntocinon are brand name medications that are forms of oxytocin. They can be given through an IV at low doses to stimulate contractions. What are the advantages of taking oxytocin? Oxytocin can initiate labor which might not have started on its own, and it can speed up the pace of labor. What are the concerns when taking oxytocin? Labor can progress too quickly, causing contractions to become difficult to manage without pain medication. Oxytocin may need to be discontinued if contractions become too powerful and close together. Artificial rupture of the membranes AROM When the bag of water amniotic sac breaks or ruptures, production of prostaglandin increases, speeding up contractions. Some health care providers might suggest rupturing the amniotic membrane artificially. This procedure releases a gush of warm amniotic fluid from the vagina. What are the advantages of artificial rupture of the membranes? Labor may be shortened by an hour. The procedure allows the amniotic fluid to be examined for the presence of meconium, which may be a sign of fetal distress. What are the disadvantages of artificial rupture of the membranes? It is possible for the umbilical cord to slip out first prolapsed cord. Infection can occur if there is too much time between rupture and birth. Nipple Stimulation is a natural form of labor induction that can be done manually or with an electric breastfeeding pump. The hormone oxytocin will naturally be produced to cause contractions. The concept is the same as when a baby nurses right after birth, stimulating contractions, which slows bleeding. What expectations should I have about induced labor? You can also request an epidural anesthetic or some other form of pain relief if needed. The following questions can be helpful when you do not understand or feel comfortable with suggested interventions: Why do I need this procedure? How will it help me and my baby? Are other options available? If so, what are they? What are the risks? What are the risks of delaying the intervention for an hour?