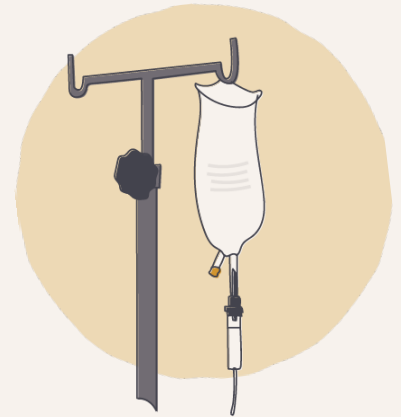


my birth

What is an induction?

Most of the time, your body will start labor on its own within two weeks before or after your due date. In most cases, midwives support waiting for your body to decide when it's time for labor. However in some situations, it's safer to start the labor medically before your body starts it. This is called an **induction**.



Induction might be the best choice when:

- Your pregnancy has gone too far past your due date, which can increase the risk of stillbirth.
- You have high blood pressure.
- You have diabetes.
- Your baby is not growing as expected.
- You're at least 40 years old and getting close to your due date.
- Your amniotic fluid is low.
- There is another medical concern or condition that has come up.

Your midwife will talk to you about:

- Why an induction is being recommended.
- The risks if you wait for labor to start naturally.
- The risks of inducing labor.
- Which method of induction may be best for you.

Your birth wishes are important to us. We will have an open discussion about your desires and options for an induction.

What will happen?

The process typically involves two overlapping phases: cervical ripening (getting your cervix ready) and the start and maintenance of contractions until birth is complete.

Cervical ripening

Checking your cervix

Before your induction is scheduled, your midwife can offer to do an exam of your cervix to see if it is starting to become soft and stretchy. This can help your midwife decide which induction methods might work the best.

- You can ask your midwife about checking your cervix and sweeping your membranes, which sometimes helps stimulate contractions.
- If you feel anxious about having your cervix checked, let your midwife know. You can talk about ways to make this exam feel more comfortable, and you can always decline this kind of exam. This is true during your labor as well. You are the person who makes choices about your body.

Preparing your cervix

When you come to the hospital for your induction, there are two things your midwife might recommend if your cervix is not already soft and stretchy:

- A **balloon catheter**. This is a small, thin, tube that passes through your cervix. This puts gentle pressure on your cervix to help encourage it to open (dilate). The balloon can stay in place for up to 12 hours or it might fall out on its own.
- **Prostaglandin medication**. This can be given in pills you swallow or in a tablet placed in your vagina. You might get more than one dose of this medication. You might not feel anything right away when you take this medication. Sometimes it takes more than one dose for your body to respond to it.

Starting and maintaining contractions

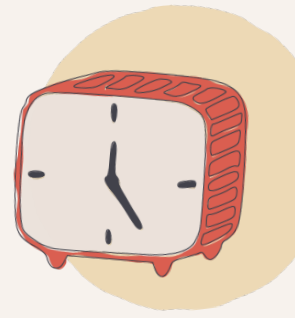
Once your cervix becomes soft and stretchy (also called "ripe"), your body might start to have contractions on its own. If that doesn't happen, you will need additional methods to start contractions. Your midwife might recommend:

- **Oxytocin**. This is a hormone that causes your uterus to contract. Artificial oxytocin (called Pitocin) is a medication given through an IV. The dosage is adjusted so that you eventually have contractions every 2-3 minutes (the same as in spontaneous labor).
- **Breaking or releasing your water**. This often happens on its own in labor, but not always. If your midwife does this, a small opening is made in the bag of water around

your baby. This allows the fluid around your baby to drain out and can sometimes cause contractions as your baby's head presses on your cervix.

How long will the induction process take?

It can be hard to predict how long your baby will take to be born—just like it is hard to know how long it takes when labor starts on its own. It might be shorter if you have had a baby before, or if your cervix is already starting to soften and open on its own. It's not unusual for inductions to take several days.



Tip: Consider packing a book, puzzle, card game, coloring book, or other activity in your birth bag to keep you busy at the hospital while you wait for labor to begin.

What are the risks with induction?

- An induction might take longer compared with labor that starts on its own.
- When your labor is induced, monitoring equipment for you and your baby is used.
- Rarely, the medications used for an induction can cause your contractions to be too strong or too close together, which can cause temporary changes in your baby's heart rate.

If this happens, the medication is stopped and you may need a different medication to stop the contractions. There is a small risk that if this does not work, you would need to deliver by C-section

The risks can depend on your individual circumstances and the method of induction.

Support

During an induction we encourage ways for you to have a satisfying birth experience. We will work closely with your doula or support person. We will encourage comfort measures such as: a calm environment, rhythmic breathing, walking and rocking, use of a birthing ball, a warm shower, touch and massage etc.

There are some non-medication methods that people use to try to start labor on their own. Some examples include eating dates during the last month of pregnancy, castor oil, and nipple stimulation. If you want to learn more about the benefits, risks, and safety of these methods, just ask your midwife.