



Induction of Labor Frequently Asked Questions

1. What is labor induction?

Induction of labor is the process of bringing on labor with medicine and/or medical interventions. Induction is meant to stimulate uterine contractions which will lead to dilating the cervix and delivering your baby.

2. Why is labor induced?

Labor induction is needed when the benefits of delivery outweigh the risks of induction, or when the risks of staying pregnant outweigh the benefits of waiting for labor to occur on its own. Pregnancy complications such as hypertension, preeclampsia, or gestational diabetes frequently tip the scales in favor of induction. Other reasons include if the baby is in danger of not getting enough oxygen from the placenta, if your membranes have ruptured but labor has not started within 12-24 hours, or if the pregnancy has gone up to 42 weeks. We do not recommend elective or “social” induction due to discomfort as this can lead to increased length of labor, higher risk for cesarean section, and higher health care costs.

3. What is the Bishop score?

The cervix begins to soften or ripen, thin out, and open as it gets ready for labor and delivery. These changes start to happen a few weeks before labor begins. Providers use the Bishop score to rate the readiness of the cervix for labor. They look at dilation, effacement, station, cervical consistency, and position of the cervix for the grading. A score of > 6 means your cervix is ripe or “favorable” for vaginal delivery. A score of ≤ 6 means your cervix is “unfavorable” for labor and may need medications or devices for softening or ripening the cervix.

4. What is “ripening the cervix” and how is this done?

This is a process where medications or devices are used to help soften and thin out the cervix in preparation for labor. There are a couple of different interventions we use to help soften the cervix and they are all performed at the hospital for proper surveillance.

- **Misoprostol:** This is a prostaglandin medication that is used to ripen the cervix and help induce labor. It is given by mouth or vaginally. Misoprostol helps soften and dilate the cervix and can cause the uterus to contract which stimulates labor. If you are contracting more than 3 times in 10 minutes, you are ineligible to receive misoprostol, as this may lead to uterine hyperstimulation.
- **Cervical ripening balloon:** This is considered a “mechanical dilator”. A balloon tipped catheter is inserted beyond the cervical opening and the balloon is injected with saline to inflate it. The pressure from the balloon assists in dilating the cervix. The balloon is left in place for up to 12 hours.

5. What is “stripping the membranes”?

This is a way to help start uterine contractions. The provider sweeps a gloved finger over the thin membranes that connect the amniotic sac to the wall of your uterus. This may cause your body to release

the hormone called prostaglandin which helps to soften the cervix and cause contractions. This procedure can be done in our clinic during a regular obstetric visit. Risks of this procedure include accidentally breaking the water, causing infection, or it can result in uncomfortable contractions that don't progress into labor.

6. What is artificial rupture of the membranes (AROM)?

This is when a sterile tool is used to break the amniotic sac which ruptures the membranes and releases amniotic fluid from the uterus. This causes the baby to be able to move down against the cervix which usually causes the contractions to become stronger. This also increases the hormone prostaglandin which helps speed up contractions. This procedure is done in the hospital to be able to closely monitor the baby. This is only done at the hospital so the provider can evaluate the color of the amniotic fluid and monitor the baby's heart rate.

7. What is oxytocin?

Oxytocin is a hormone that the body naturally makes to cause labor. Synthetic oxytocin, called Pitocin, is a medication that is given intravenously in a continuous dose (varying in strength) to help stimulate contractions to either induce or augment labor. This medication is given in the hospital and requires monitoring of your contractions and your baby's heart rate.

8. What are the side effects or risks of Pitocin?

The most common side effect of Pitocin is hyper-stimulation of the uterus, which is where contractions are too long or too close together. Hyperstimulation can cause the baby to not be able to tolerate labor. If this happens, the Pitocin dose can be lowered or stopped completely. It is rapidly metabolized so it is cleared from the maternal system quickly. Other adverse effects from this medicine include low blood pressure, increased heart rate, nausea, vomiting, headache, and flushing.

9. What are the risks of labor induction?

As mentioned above, the uterus can become overstimulated causing too many contractions that can affect the fetal heart rate needing intervention. The risk of uterine rupture increases in induction, but is rare and usually only occurs in women with a scarred uterus. You will be evaluated prior to induction to evaluate your risk for this. Amniotic fluid embolism is another rare situation, but chances increase with induction. Another risk includes infection in the mother or baby.

Process of Induction

1. After coming up with a plan for induction with the provider, they will put your name on a list at the birthing unit on your earliest eligibility date.
2. Depending on your Bishop score or how favorable your cervix is, the provider may determine if you need cervical ripening the night before induction. This typically happens in the afternoon or evening and requires an overnight stay on Labor and Delivery. You should expect a phone call from Labor & Delivery between 4 and 6 pm to let you know they are ready for you. If you have cervical ripening overnight, they will start your induction the next day.
3. If you do not need cervical ripening before your induction, you will receive a call from Labor and Delivery the night before you induction, indicating what time to arrive. If you do not hear from the hospital by 11 am on your eligibility date, you can call the triage team at the office and they can assist you in checking on the status of your induction.
4. When you arrive on L&D, depending on your cervical exam and how much you are contracting, the decision will be made whether to use misoprostol, Pitocin, rupture of membranes, or a cervical balloon to induce labor. This decision is individualized based on you, your medical and pregnancy history, and your baby's status.

Things to Consider

1. Keep in mind that actively laboring patients and emergent situations may take precedent over inductions and you may get pushed to a later date. Labor and delivery prioritizes inductions based on medical necessity, not on a first come, first serve basis.
2. Please do not call Labor and Delivery yourself unless otherwise directed. If you have questions about your induction or if you have not heard from Labor and Delivery, please call triage at 802-862-7338 option 2 and they can assist you.
3. Timing is important! When you receive the call from Labor and Delivery stating they are ready for you to head up, please arrive in a timely manner. The census on the unit can change quickly and this may affect your induction, including bumping your induction to another day.
4. Make sure you eat a good breakfast and are well hydrated on your induction day. It is also a good idea to bring in snacks for your time on the unit.
5. Bring your pediatrician paperwork with you and provide it to the nurse on labor and delivery.
6. Inductions take time, sometimes 24-48 hours. Be prepared to entertain yourself with games, movies, etc.

Your Induction Plan

Your earliest induction eligibility date is: _____

You will need cervical ripening: Yes _____ **No** _____