



Induction of Labor Frequently Asked Questions

1. What is labor induction?

Induction of labor is the process of bringing on labor with medicine and 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 is likely to be induced with any medical complications in pregnancy such as hypertension, preeclampsia, heart disease, gestational diabetes, or bleeding during pregnancy. Other reasons include if the baby is in danger of not getting enough oxygen from the placenta or if your membranes have ruptured but labor has not started within 12-24 hours. If the pregnancy has gone up to 42 weeks, there is a possible risk to the baby from a gradual decrease in the supply of nutrients from the placenta, so induction would be necessary. 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 ≥ 8 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 few 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 usually given vaginally. This medication helps soften and dilate the cervix and can cause the uterus to contract which stimulates labor.
- **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.

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. A provider will review the risks and benefits of membrane stripping if this is appropriate for you.

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 vagina. 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. This is not typically an induction method on its own but is often used to augment labor.

7. What is oxytocin?

This is a hormone that causes contractions of the uterus and is used to help start labor or speed up labor. Oxytocin is also made as a medication that is commonly given through an IV in your arm in a continuous dose (varying in strength) starting at a low dose and increasing as needed to help stimulate contractions. 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 oxytocin?

Overall oxytocin is a very safe and effective medicine. It has a fast onset and offset so that it can be titrated/controlled as needed. The most common side effect of oxytocin is hyper-stimulation or too many contractions of the uterus. This can sometimes cause the baby to not be able to tolerate the contractions and in this case the dose can be lowered or stopped completely. Other side effects from this medicine include low blood pressure, increased heart rate, nausea, vomiting, headache, retention of fluid and flushing.

9. What are the risks of labor induction?

Most of the risks of induction are similar to risks associated with spontaneous labor and mostly are related to fetal intolerance to labor. As mentioned above, the uterus can become overstimulated causing too many contractions that can affect the fetal heart rate needing intervention. Recent research suggests that induction of labor may decrease your risk for a c-section.

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. **The date of the induction is the first day you are eligible for induction and does not guarantee that you will be induced on that date.** All inductions will be prioritized the night before according to medical acuity (in other words, someone being induced for high blood pressure will be prioritized ahead of someone who is slightly overdue).
2. You will receive a call from Labor and Delivery when they are ready for you to go to the hospital for your induction. If you do not hear from the hospital by 8:30 am on your induction day, you can call the triage team at Maitri and they can assist you in checking on the status of your induction. Please do not call Labor and Delivery to ask about your induction.

Things to Consider

1. **Keep in mind that actively laboring patients and emergent situations may take precedence over inductions and you may get pushed to the next day or later date.**
2. **Please do not call Labor and Delivery yourself. 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. Please do not delay coming to the hospital. The census on the unit can change quickly and this may impact whether or not you will get induced that 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.**