



Induction of Labour



At least 50% of Australian women go into labour naturally. Induction of labour will occur for a number of reasons.

You will be offered an induction if prolonging your pregnancy may incur serious risks rather than letting nature take its course.

You may be offered an induction if:

Your pregnancy has gone longer than 41 weeks and the obstetrician believes the baby is overdue.

- You have a chronic condition such as pre-eclampsia or kidney disease.
- You have diabetes. It may be recommended that you deliver after 38 weeks gestation.
- Your waters have broken but you have not gone into labour after 24 hours. You or your baby may develop an infection so induction may be recommended.

Individual requests for induction due to complications with a previous delivery or their partners' unavailability are usually considered.

How is Labour induced?

There are a number of methods. Your obstetrician will recommend the best method/s for you. In order they are:

- A **membrane sweep** is where the membranes surrounding your baby are gently separated from your cervix.
- **Prostaglandin** is a hormone-like material which helps stimulate uterine contractions. This may be inserted as a tablet, pessary or gel and you may need another after 6 hours if labour has yet to begin.
- **Syntocinon** is a synthetic form of a hormone usually produced by your body. You will only be offered Syntocinon if labour has not begun after a membrane sweep and prostaglandin. Syntocinon has disadvantages over other methods of induction as it can cause strong contractions and may stress your baby. A Caesarean section may be offered.

Questions are often asked about natural methods of inducing labour. Before trying any, please talk with your obstetrician as some herbal or homeopathic remedies may be harmful to the baby. Discuss your options with your obstetrician so that you are fully aware of all methods available to you. Also discuss what pain relief is best if induction is necessary.