

Labor Induction

Induction is the process of starting labor instead of waiting for labor to begin on its own. This handout will help you understand labor induction and what to expect. Your physician, advanced practice provider (APP) or another member of your care team will talk with you about the risks and benefits.

If you have any questions or concerns, talk with your physician or nurse.

Reasons for induction of labor

A member of your care team may suggest induction of labor. This may be because of a medical condition or because of other factors unique to your pregnancy. There are different reasons for induction of labor. Some common medical reasons include:

- › Preeclampsia (a serious blood pressure condition in the pregnant person)
- › High blood pressure
- › Diabetes
- › Poor growth in the unborn baby
- › Low amniotic fluid (fluid in the sac around the baby)
- › Ruptured amniotic sac (bag of water) before labor

There may be a reason for an induction that is not on this list.

Your physician, APP, or another member of your care team may offer an elective induction after 39 weeks of pregnancy. Your care team will help you decide if this is the right choice for you and your baby.



Scheduling your induction

If you have a medical reason for your induction, we will schedule the procedure for a time in your pregnancy that is safest for you and your baby.

If you have an elective induction, we will try to schedule the procedure after you have reached at least 39 weeks of pregnancy. Your physician's office will work with the scheduling department of the hospital to schedule the date and time of your induction.

You will get specific instructions on how to prepare for your scheduled induction.

We understand how meaningful your induction date is as you prepare to welcome your baby.

While we do our best to honor scheduled dates, **admission on that day may be delayed** due to hospital capacity, medical emergencies, or other unforeseen circumstances.

If any changes arise, our team will communicate with you as soon as possible and guide you through the next steps.

Your safety—and the safety of all patients—is our top priority.

Thank you for your patience and understanding.

Eating during induction of labor

Eat a healthy meal before you come in for your labor induction unless your care team tells you not to. Your care team will tell you if you can eat during labor induction. This depends on the type of induction, the phase of induction and your labor progress.

Methods of labor induction

Your care team will use 1 or more of the following methods for inducing labor. The method will depend on your physical exam, medical history and preferences.

Cervical ripening

Ripening is the process of softening, thinning (effacing) and opening (dilating) the cervix. A member of your care team will examine your cervix in the office or at the hospital to decide if this is right for you. They will use either medical or mechanical techniques. Sometimes they use a combination of both.

Medical cervical ripening

Prostaglandin medications soften and thin the cervix. This may cause contractions. You can take this medication by mouth as a pill, or your care team will place it as an insert or tablet into your vagina.

Mechanical cervical ripening

A cervical ripening balloon is a device to open and thin the cervix. It causes the cervix to release natural prostaglandin hormones in the body.


A member of your care team will insert a thin, flexible tube through the opening in your cervix. They will fill either 1 or 2 small balloons at the end of the device with water. The balloons put gentle, constant pressure on your cervix. This causes your body to release prostaglandins that help ripen the cervix.

In some cases, they will insert the cervical balloon in their office. You can then go home during the ripening process. Otherwise, they will insert the balloon when you come to the hospital for your labor induction. In either case, they will remove the balloon usually after 6 to 12 hours. They will deflate the balloon and remove the tubing. Sometimes the balloon may come out on its own as your cervix opens. This is normal. This is a sign that the ripening process is working.

Pitocin®

Oxytocin is a hormone in your body that causes labor to start and contractions to begin. Pitocin is a medication version of oxytocin. You get Pitocin through an IV (into the vein) line in your arm. Your care team will only give you Pitocin in the hospital. If your cervix does not need ripening, your induction will likely begin with Pitocin.

Your nurse will start giving you Pitocin at a low level through an IV pump. The rate will gradually increase, as needed. This will slowly cause contractions to dilate (open) your cervix and progress labor.



Your care team will carefully monitor your contractions and your baby's heart rate. They will adjust the rate of the Pitocin, as needed. Most patients become aware of their contractions about 30 to 60 minutes after starting Pitocin. You may feel the contractions as mild, period-like cramping. Contractions usually get stronger and more frequent as labor progresses.

Rupture of membranes

Rupture of membranes means that the amniotic sac containing the amniotic fluid around the baby has broken. This is also known as “when your water breaks.” Sometimes this happens on its own during the induction and labor process. Other times, your physician, APP, or member of your care team may break the amniotic sac to induce labor or help labor progress. This is known as “artificial rupture of membranes.” To break your amniotic sac, your cervix needs to be at least 1 to 2 centimeters dilated (about the size of a dime). The baby's head also needs to be low and close to the cervix.

A member of your care team may insert a tiny plastic hook into your vagina as they examine you. You will not feel the hook breaking the amniotic sac. You may feel the amniotic fluid running out as the membranes break. When your water breaks, your contractions are likely to become stronger and closer together. This helps your labor progress.

Managing your pain

The options for managing your labor pain will depend on your medical condition and what is available at the hospital where you deliver your baby. Your care team will explain the pros and cons of each method and help you decide the right method for you.

Nonmedical methods

Your care team can use comfort measures to ease your pain. These may include:

- › Movement and position changes
- › Massage
- › Heat
- › Water therapy
- › Visualization (imagining positive, peaceful settings)



Inhaled nitrous oxide

Nitrous oxide is a short-acting gas used for pain relief. You can take this by breathing it in through a hand-held mask.

For the best pain relief, you can inhale the gas as you are having a contraction. You will still feel your contractions, but the pain will be less. It takes a few minutes to work. The effects wear off quickly when you stop breathing it in.

You cannot use nitrous oxide while you are getting IV or epidural pain medication. For your safety, you cannot walk around while using nitrous oxide.

IV pain medication


Your care team can give you pain medication through your IV line. You will still be aware of your contractions, but the pain will be less. It may let you rest between contractions. IV pain medicine takes a few minutes to work and wears off after a few hours. You will stay in bed until the pain medicine has worn off.

Epidural

An epidural is a type of anesthesia. It numbs the area of your body that feels pain during labor. Depending on the reason for your induction, you may need a blood test before getting the epidural. An anesthesia clinician will do the epidural procedure. They will explain the procedure, risks and benefits to you. It usually takes about 20 minutes to place the epidural catheter, but sometimes it takes longer.

A small plastic tube will be in your back. It will release medication through a controlled pump until you deliver your baby. You may be able to give yourself extra doses of epidural medication when you need it. Most people feel complete relief of intense pain after the epidural, but you may feel pressure with each contraction or during pushing.

The anesthesiology team will monitor your pain and change the dose of medication as needed. For your safety, you cannot walk around while you have an epidural. Most people can get up and walk within 2 hours of stopping the epidural.



Pain is a normal part of the labor process. Your care team will work with you to provide safe and effective pain management.

How long labor lasts

No matter how we induce your labor, a few factors may affect how long it takes you to give birth, including:

- › How long it takes for your cervix to thin and open
- › When contractions start

If this is your first labor, the induction process will usually last longer than if you have labored before. This is different for everyone.

These are the phases of induction and labor:

1st stage of labor (“dilating stage”)

This is the stage when the cervix dilates. It is divided into 2 phases:

Latent labor

This is the phase when your cervix ripens and dilates from 0 to 6 centimeters (size of the top of a soda can). This is usually the slowest part of labor. It can last anywhere from 2 to 24 hours or longer. Rupture of membranes (water breaking) often happens in this phase.

Most people progress to the next phase of labor within 12 to 18 hours after rupture of membranes.


Active labor

This is the phase when your cervix dilates from 6 centimeters to 10 centimeters (fully dilated). The cervix will dilate about 1 centimeter every hour with effective contractions. However, it can take longer if labor is going very slowly.

2nd stage of labor (“pushing stage”)

This is the stage when the cervix is fully dilated at 10 centimeters until the birth of your baby.

This can take from minutes to hours and depends on many factors. Usually, if this is your first labor, pushing can last about 2 to 3 hours or longer.



Your care team will closely monitor you and your baby throughout all phases of labor. Cervical exams will depend on your labor progress.

Labor progress

Your care team uses evidence-based guidelines to assess your labor progress. If you and your baby are doing well, the goal is to be patient and make every effort to have a vaginal delivery.

- › If your cervix is dilated less than 6 centimeters, the goal is to allow at least 18 hours after rupture of membranes for labor to progress. Progress means your cervix continues to dilate and efface, and/or the baby is moving into position.
- › If your cervix is dilated 6 centimeters or more, the goal is to have at least 4 to 6 hours of strong, effective contractions.

Your care team will decide if your labor is not progressing and the next steps to take.

If there are health and safety concerns about you or your baby, your care team may recommend a cesarean delivery (C-section surgery). Our goal is to include you in decisions about your care.

If you have any questions at any time about your labor, please ask a member of your care team. A safe delivery is a team effort, and you are a valuable member of the team.

For more information about Northwestern Medicine, please visit our website at [nm.org](https://www.nm.org).