

Thinking About Having Your Labor Induced?

A Guide for Pregnant Women



Fast Facts

- Elective induction of labor is starting labor near your due date but before your body has gone into labor on its own. Labor can be started using medicine or other ways to open your cervix (SUR-vix) and start contractions.
- A cesarean section (C-section) might be needed if there are problems with labor. This is true for labor that is induced and for labor that starts on its own.
- The more open and ready the cervix is when labor is induced, the less likely a C-section will be needed.
- The risk of C-section with elective induction depends on if you have ever had a baby before.

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What does this guide cover?

This guide can help you talk to your doctor or midwife about elective induction of labor. It helps answer these questions:

- What is elective induction?
- What are the possible problems with elective induction?
- What don't we know yet about elective induction?

This guide covers what research can and can't tell us about elective induction. It is based on a government-funded review of research reports about elective induction of labor.

What is not covered in this guide?

This guide does not cover labor induction for medical reasons, like problems with blood sugar or high blood pressure. It does not cover induction of labor that is done when you are more than a week past your due date. It also does not talk about using medicines to keep labor going or to make labor stronger once it has started on its own.



About Elective Induction

What is induction of labor?

Induction of labor is the use of medicine or other methods to get labor started. Induction is starting your contractions when they have not yet started on their own. The goal is to get the uterus to start contracting and the cervix to open up.

- Oxytocin (Pitocin®) is one medicine used to get contractions started. It is given by an IV.
- Other ways to induce labor may include breaking the bag of water or using a balloon-like device that helps stretch the cervix and open it up.
- Your doctor or midwife may suggest other medicines to help soften and open the cervix.



What is elective induction?

A woman and her doctor or midwife can decide to start labor near the woman's due date *by a choice made together*. "Elective" means that it is done for reasons other than a problem with the pregnancy.

What is not elective induction?

Inducing labor for a medical reason, like a problem with high blood pressure, is not an elective induction.

Oxytocin (Pitocin®) is sometimes given to women who are *already* in labor. It helps make contractions stronger. This is not elective induction, even though the medicine used is the same.

Why might women want to induce labor?

- Physical discomforts in the last part of pregnancy.
- Concern about being able to get to the hospital in time.
- Having their own doctor or midwife at the delivery.
- Having their spouse or partner at the delivery.
- Scheduling issues with work or childcare.

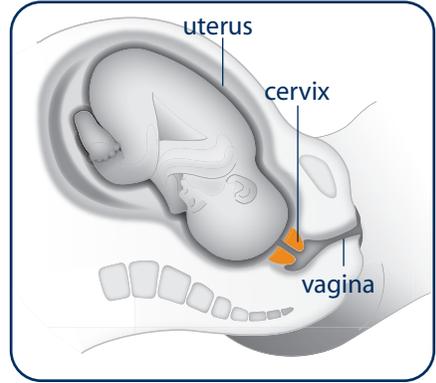
Why might women *not* want to induce labor?

- Wanting to start labor without using medicine.
- Concern that using medicines might make labor more painful.
- Concern that the baby might be born premature (too early) because the due date is uncertain.
- Not wanting to be in the hospital any longer than necessary.
- Worry that there may be problems that have not been studied.

Changes During Labor

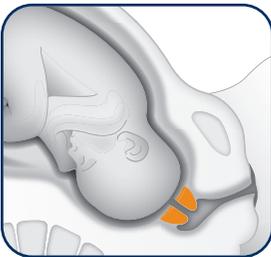
During labor, the uterus gets hard and then relaxes again. This is called a contraction. The contractions get stronger and come closer together as labor continues. They help open the cervix and push the baby out of the uterus.

The cervix is the opening of the uterus. During labor, it opens up (dilates). Your doctor or midwife will measure how dilated your cervix is. The opening is measured in centimeters. For example, early in labor your cervix may be dilated 3 centimeters. When your cervix is dilated 10 centimeters, it is open all the way. This is when a woman can usually begin to push.



Position of baby during labor

Cervix opening up during labor



cervix closed



cervix opening up



cervix open

Possible Problems

Problems with getting labor started

When labor is induced, it may take a long time to start or really get going. It might take a long time for the cervix to open up. If these problems happen, you may have options. It is okay to ask your doctor or midwife about taking a break and maybe going home. Labor might get going later. Once the bag of water breaks, there is a higher chance of infection. You can only go home if your water has not broken and if you and your baby are healthy.

Monitoring and pain

When labor is induced with medicines, a woman usually needs to wear a monitor that checks the baby's heart rate. This means you cannot get up and move around as much during labor.

Using medicines to induce labor may cause a woman to have stronger and more painful contractions earlier in labor than if she started labor without these medicines.

When isn't it safe to induce labor?

It usually is not safe to induce labor before 39 weeks of pregnancy (1 week before your due date). If labor is induced much sooner than this, your baby could be born too early. Premature babies can have problems with breathing, feeding, or keeping a normal temperature. If you have a health problem, like very high blood pressure or diabetes, or your baby has a health problem, inducing labor before 39 weeks can sometimes be the right thing to do. The risk of the baby being born too early is balanced by the dangers of the health problem.

Cesarean section

A cesarean section (C-section) is a major operation that delivers the baby through the mother's belly. A C-section can be done for the mother's or baby's health if there are problems during labor. A C-section can also be done if labor doesn't move along enough for the baby to be born naturally.

A woman's chance for C-section is higher if:

- Her cervix is not already starting to open when labor is induced.
- She is having her first baby.
- She is very overweight before or during pregnancy.

Research can't tell us if any one woman's chance of having a C-section is different if she chooses to be induced rather than waiting for labor to start on its own.

What Is Still Not Known?

Elective induction may help if you are having an uncomfortable pregnancy or want to schedule your birth. But research can't tell us if there are any medical benefits to elective induction or if there are any benefits to the baby from elective induction.

Research shows that inducing labor does not mean that babies have a higher chance for breathing problems, serious infections, seizures, low blood sugar, or jaundice. Research can't tell us about other newborn problems.

Research doesn't have answers about the effect inducing labor can have on the use of pain medicines, length of hospital stay, breastfeeding problems, and problems for the baby during labor.

Things To Think About

Am I more likely to have a C-section if I have my labor induced?

Research can't tell us if inducing labor makes having a C-section more likely than waiting for labor to start on its own. But your chances of C-section are higher if you have never had a baby vaginally before.

What if I have had a C-section before?

A C-section leaves a scar on the uterus. This scar makes it more risky to have an elective induction. If you have had a C-section before, your doctor may talk to you about other choices besides elective induction.

Is having another induction different from having the first one?

There is not much research on this. Use your past experience as a guide and talk with your doctor or midwife.



How can I improve my chances of having a vaginal birth?

If your cervix is closed and you want to have your labor induced, ask about ways to improve your chances of having a vaginal birth. Your doctor or midwife might suggest a special type of cervical exam called membrane sweeping. Membrane sweeping can be done in the office. Also, there are medicines to soften and open the cervix. These medicines are put into your vagina. Usually they are started when you go to the hospital. Ask your doctor or midwife if one of these options would be good for you.

My doctor or midwife is suggesting an elective induction. Do I have a choice?

Yes. With elective induction, there is always a choice. Be sure you talk with your doctor or midwife about what you want.



Questions To Ask Your Doctor or Midwife

- I'm thinking about elective induction. Do you do elective inductions?

- When would you schedule an induction?

- What methods do you use to get labor started?

- If my induction is going slowly and my baby is okay, can I take a break or come back another day to have my baby?

- Are there things that we can do to get my body to go into labor on its own?

- Will my insurance cover an elective induction?

For More Information

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For free print copies of this guide, call 800-358-9295. Ask the Publications Clearinghouse for AHRQ Publication Number 10-EHC004-A.

To learn more about childbirth, visit www.nlm.nih.gov/medlineplus/childbirth.html.

Source

The information in this guide comes from a detailed review of 76 research reports. The review is called *Maternal and Neonatal Outcomes of Elective Induction of Labor: A Systematic Review and Cost-Effectiveness Analysis* (2008) and was written by the Stanford University-UCSF Evidence-based Practice Center.

The Agency for Healthcare Research and Quality (AHRQ) created the Eisenberg Center at Oregon Health & Science University to make research helpful for consumers. This guide (previously titled, *Thinking About Inducing Your Labor: A Guide for Pregnant Women*) was written by Amanda Risser, M.D., Valerie King, M.D., Erin Davis, B.A., Martha Schechtel, R.N., and David Hickam, M.D., of the Eisenberg Center. Pregnant women and women who recently had a baby helped the Eisenberg Center develop this guide.

