



*Alta Bates Summit  
Medical Center*

A Sutter Health Affiliate

**Alta Bates Campus**  
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## **Preparing For An Induction Of Labor**

Your doctor or midwife has recommended that you have an induction of labor. This procedure stimulates the onset of uterine contractions through the use of medication or through the creation of a small tear in the amniotic sac that causes your water to break. Often labor is induced when the benefits of starting labor and scheduling the delivery outweigh the risks of waiting for labor to begin spontaneously. Your provider will discuss the different methods of induction as well as the benefits and risks associated with the procedure.

Once you and your doctor or midwife has selected the appropriate method, he or she will work with you to choose a date and time for the induction and then schedule your appointment at the Alta Bates Campus Labor and Delivery Unit. Please clarify with your provider what dietary restrictions are recommended on the day of your induction.

Keep in mind that the Labor and Delivery Unit can occasionally become very busy due to a high number of women in labor. When this occurs, the staff will need to postpone or reschedule your induction. To avoid an unnecessary trip to the hospital, please call Labor and Delivery 1-2 hours prior to your appointment.

**Remember: Before you go to the hospital for an induction, call 204-1572.**

We realize that if your induction is postponed, you may be very disappointed. However, our goal is to be able to give you our full attention and the very best care when it is time to come to the hospital.

We look forward to helping you.

Have a safe and happy labor and delivery.



## Induction Of Labor

Labor may be *induced* (started artificially) for a variety of medical or obstetric reasons. These include diabetes, high blood pressure, *postdates* (greater than 41 weeks or 2 weeks beyond your due date), decreased amniotic fluid, a ruptured *amniotic sac* (bag of water), poor growth of the baby, abnormal fetal test results, and the mother's medical condition. An "*elective*" induction means that labor is induced for non-medical reasons. These include: increased risk of rapid labor, living far away from the hospital and personal reasons. Compared with labor starting naturally, labor induction carries an increased risk of cesarean delivery, especially in your first pregnancy. More medical interventions and more hospital time from admission to delivery may also be required.

### There are different methods for inducing labor

- One method is *Intravaginal Prostaglandin*, a hormone that comes in a variety of forms (gel, tablets and vaginal inserts). It is safe and effective in helping the cervix to soften and shorten. Uterine *hyperstimulation* (5 or more contractions in 10 minutes) occurs in about five percent of women receiving a vaginal insert. The hyperstimulation disappears quickly when the insert is removed.
- Another method for softening or preparing the cervix for labor is using a "*foley bulb*," a small rubber tube with an inflatable balloon at the end. This is placed into the cervical opening, and the balloon is inflated with water. The pressure of the balloon can partly dilate the cervix and the foley bulb falls out.
- Inducing uterine contractions: The hormone, *Oxytocin or Pitocin*, is given *intravenously* (also known as "IV"). A small catheter is placed in a vein and attached to tubing containing the medication. Patients and their unborn babies are closely monitored for uterine hyperstimulation, which can decrease the fetal heart rate. This problem usually resolves by decreasing the Pitocin dose.
- The doctor or midwife may break the bag of waters to increase the intensity of uterine contractions. This procedure is painless. Possible risks of this procedure include prolapse or compression of the umbilical cord and uterine infection. Both are rare.

We hope this information will help you and your health care provider come to an informed decision on what's best for you.