Intermountain® Healthcare

Elective Labor Induction: *What to Expect from Your Care*

If you and your provider plan to induce labor, you know the likely date of your baby's birthday. But you may still have a lot of questions about the process of induction and your care in the hospital. This handout aims to help you know what to expect during an elective induction.

What is elective labor induction?

Labor induction means starting (inducing) labor, rather than waiting for labor to begin on its own. When labor is induced for a non-medical reason — for matters of convenience or preference — it's called an **elective labor induction.**

Because the medical team is actively working to start, monitor, and support your labor, the care you receive for an induction is called **active management.**

The day you give birth is always exciting. The information in this handout can help you face this important day with extra knowledge and confidence.

BEFORE YOU ARRIVE AT THE HOSPITAL

Making sure you're a good candidate for elective induction

Active management starts even before you arrive at the hospital, with your doctor or midwife determining that elective induction is right for you and your baby.

Intermountain follows national guidelines that limit elective inductions to women meeting certain criteria. This means that before planning to induce your labor, your doctor or midwife must:

- Confirm that there's nothing in your medical or pregnancy history that would make an induction dangerous for you or your baby. This includes certain previous uterine surgeries, and certain positions of the baby or the placenta in the uterus.
- Be certain of your due date and know that you are at least 39 weeks along in your pregnancy. This helps make sure that labor isn't started too early, before your baby is fully developed.
- Determine that your cervix is soft and ready to open (dilate). Your provider can tell this by checking your cervix to determine a Bishop score. This score is the standard way to see if the cervix is ready for labor.

Research and experience show that following these standards help to make labor safer, easier, and usually shorter. They also help to make a vaginal delivery — rather than a C-section delivery — more likely.

Starting hospital preparations

If you meet the criteria for elective induction, your doctor or midwife will contact the hospital labor and delivery unit. There, the hospital team will review your medical history and look at their schedule. They will give you a call, telling you when to come to the hospital for your induction.

Note that sometimes a scheduled elective induction may be delayed. This is because the labor and delivery department must give priority to women with more urgent medical needs. Hospital staff will do their best to keep you informed, and they'll try to stay as close as possible to the original time planned for your induction. Still, you should prepare to be flexible.

AT THE HOSPITAL

Reviewing your history

When you arrive at the hospital, the team will review your medical and pregnancy history with you. Try to be patient if they ask you a question you've already answered. Sometimes double-checking is part of the safety process that helps ensure good care.

Checking your baby

Before beginning the induction, the medical team will examine you to confirm that:

- Your baby is in a good position in your uterus. A vertex (head-down) position is best for a vaginal birth. To check your baby's position, a provider will do a vaginal exam and also will feel around the outside of your abdomen from several angles. The provider may also choose to do ultrasound to get an image of the baby in the uterus.
- Your baby's heartbeat doesn't suggest any problems or distress. A provider will check this using a fetal heart rate monitor. There are several types of monitors. The most commonly used monitor has flat sensors that are held to your abdomen with elastic belts.

Starting and progressing labor

There are several ways to induce labor and support its progress toward a safe vaginal delivery. At Intermountain, only these methods are routinely used:

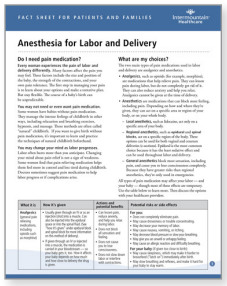
- **Pitocin by IV.** You'll be given a medicine called Pitocin through a small tube inserted into one of your veins (intravenously, or "by IV"). Pitocin is a synthetic version of the hormone oxytocin, which causes the uterus to contract. Soon after you begin receiving the medicine, you will feel contractions begin. (It will feel like squeezing or cramping at first.)
- **Amniotomy ("breaking the bag of water").** If your bag of water — the sac of amniotic fluid that surrounds and cushions the baby in the uterus — doesn't break on its own, your medical team may suggest an **amniotomy**. This is done during a vaginal exam, and involves making a small opening in the amniotic sac with a thin plastic hook. (You might feel a warm gush of fluid when the sac opens, but no pain.) An amniotomy will intensify your labor contractions and can also allow providers to place an internal monitor or check the amniotic fluid for meconium (the baby's first stool).

Helping you manage labor pain

Generally speaking, choices for managing pain are the same whether your labor is induced or begins on its own. Discuss options with your doctor or midwife. You may decide to take pain medicine or to forego it — the nurses will support your decision and help you aim for the birth experience you want.

Keep in mind that with an induced labor, your contractions might be stronger and more painful earlier on, compared to a naturally occurring labor. If you decide to have pain medicine through an epidural, talk to your doctor or midwife about the timing of its placement and what you can expect.

Intermountain's fact sheet, *Anesthesia for Labor and Delivery*, explains options for pain management, including options for relaxation and breathing techniques.



FACT SHEET FOR PATIENTS AND FAMILIES

Intermountain Healthcare

Anesthesia for Labor and Delivery

Do I need pain medication?

Every woman experiences the pain of labor and delivery differently. Many factors affect the pain you feel, including the size and position of your baby, the strength of the contractions, and your own pain tolerance. The best way to managing your pain is to be well informed and to have a plan that works for you. Really. The course of a baby's birth can be unpredictable.

You may want need or even want pain medication. Some women have babies without pain medication. Many women have babies with pain medication. Other ways, including relaxation and breathing exercises, hypnosis, and massage. These methods are often called "natural" or "non-drug" methods. Instead of using pain medications, it's important to learn and practice the techniques of natural childbirth beforehand.

You may change your mind as labor progresses. Many women who have decided to have a natural birth or to wait and see how they feel when the time comes, have found that pain relieving medication helps them feel more in control and less tired during childbirth. Pain medication can also be used in rare cases to help labor progress or if complications arise.

What are my choices?

The two main types of pain medicines used in labor and delivery are analgesics and anesthetics.

- **Analgesics** are medicines that make pain less, simplified, are medicines that help relieve pain. They can lessen pain during labor, but do not completely get rid of it. They can be given at any time during labor. Analgesics cannot be given at the time of delivery.
- **Anesthetics** are medicines that can block most feeling, including pain. Anesthetics can lose such when they're given at the time of delivery. They can be a region of your body, or in your whole body.
  - **Local anesthetics,** such as lidocaine, are only on a specific area of your body.
  - **Regional anesthetics,** such as **epidural and spinal blocks,** are for a specific region of the body. These options can be used for both vaginal and cesarean deliveries. Epidurals are the most common anesthetic choice because it has the least adverse effect and can be used throughout labor and delivery.
  - **General anesthetics** are medicines that put you to sleep, and cause you to lose consciousness completely. Because they have greater risks than regional anesthetics, they are not used routinely.

All prescription medicines may also cross labor — and your baby — through most of these effects are temporary. Use the table below to learn more. Then discuss the options with your healthcare provider.

What it is	How it's given	Actions and potential benefits	Potential risks or side effects
Analgesics are drugs or otherwise medications, which soothe pain or sensation.	• Usually given through an IV or as an injection into muscle. Can also be injected into the epidural space or into the spinal fluid. Low dosages of analgesics are good enough for most uncomplicated deliveries. • If given through an IV or injected into muscle, it takes effect in several seconds. Remember — if you take pain, it, too. Now it affects your baby. Ask your doctor or midwife and time when to administer the drug is given.	• Can lessen pain and help you rest during labor. • Can help you sleep during labor. • Can be given at all stages of labor and delivery. • Doesn't lessen pain during the actual delivery. • Does not slow down your labor or affect contractions.	**Pain pain** • Does not completely eliminate pain. • May cause drowsiness or trouble concentrating. • May decrease your memory of labor. • May affect your baby's ability to nurse. • May decrease blood pressure or slow your breathing. • May pass you or your baby or antagonizing. • May cause your baby to have difficulty breathing. **For your baby:** If given close to birth: • May cause drowsiness, which may make it harder to nurse, and affect your baby's ability to breathe. • May slow breathing and reflexes, and make it hard for your baby to stay warm.

Monitoring

As long as you're receiving IV medication, your providers will continually monitor your contractions and your baby's heart rate. The data from the monitors is automatically charted on a labor graph. Throughout your labor, the medical team checks this graph to gauge your baby's wellbeing. **Note that the care team can see this graph at other stations outside your delivery room.**

If you have any questions during your time in the hospital — about any aspect of your care, or about what you see or feel — please ask someone on your medical team. They welcome your questions and want to help.

 Patient and Provider Publications 801-442-2963 FS320 - 11/12 *Also available in Spanish.*