Intermountain® Healthcare

Elective Labor Induction: *What to Expect*

What is elective labor induction?

Labor induction means **inducing** (starting) labor, rather than waiting for labor to begin on its own. When labor is induced for a nonmedical reason—such as for personal choice or convenience—it's called an **elective labor induction.**

When labor is induced, a healthcare team will actively work to start, monitor, and support your labor. This 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 before you arrive at the hospital. Your healthcare provider will determine if elective induction is right for you and your baby.

Intermountain follows national guidelines that limit elective inductions to women meeting certain standards. 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 or before your baby is fully developed.
- **Determine that your cervix is soft and ready to dilate (open).** Your provider can check 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 guidelines for elective induction, your provider will contact the hospital labor and delivery unit. There, the healthcare team will review your medical history and look at their schedule. They will call and tell 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. Your healthcare team will do their best to let you know if your time needs to change. Still, prepare to be flexible.

AT THE HOSPITAL

Reviewing your history

When you arrive at the hospital, your healthcare team will review your medical and pregnancy history with you. Try to be patient if they ask you a question you've already answered. Double-checking is part of the process to keep you and your baby safe.

Checking your baby

Before beginning the induction, your healthcare team will to check to confirm that:

- **Your baby is in a good position in your uterus.** A head-down position is best for a vaginal birth. To check your baby's position, a member of your healthcare team will do a vaginal exam and will also feel around the outside of your belly. An ultrasound may also be done.
- **Your baby's heartbeat doesn't suggest any problems.** A heart rate monitor will be used to check your baby's heart before starting the induction.

Starting and progressing labor

There are several ways to safely induce labor. Intermountain routinely uses these two methods:

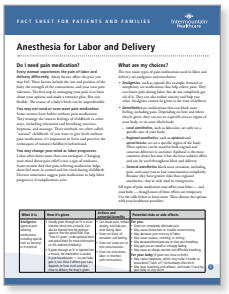
- **Amniotomy** [am-nee-OT-uh-mee]. If your sac of amniotic fluid — or "bag of water" that surrounds the baby in the uterus — doesn't break on its own, your provider may suggest an amniotomy. This involves making a small opening in the amniotic sac with a thin plastic hook. You might feel a warm gush of fluid when the sac opens, but no pain. An amniotomy will increase your labor contractions. It can also allow providers to check the amniotic fluid for **meconium** [mi-KOH-nee-uh m] (the baby's first stool).
- **Pitocin** [pi-TOH-sin] **by IV.** You'll be given a medicine called Pitocin through a small tube — called an **intravenous line (IV)** — inserted into one of your veins. Soon afterward, you'll feel contractions begin. It will feel like squeezing or cramping at first.

Managing 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 provider. You may decide to take pain medicine or not. The nurses will support your decision and do what they can to help you have the birth experience you want.

Keep in mind that with an induced labor, your contractions might be stronger and more painful — especially early on — compared to natural labor. If you decide to have pain medicine through an epidural, talk to your provider 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

Anesthesia for Labor and Delivery

Do I need pain medication?

What are my choices?

Monitoring

As long as you're receiving IV medicine, your healthcare team will monitor your contractions and your baby's heart rate and wellbeing. **Note that the care team can see the information from your monitors at other stations outside of the delivery room.**

If you have any questions during your time in the hospital — about any part 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.