

LABOR INDUCTIONS

What to Expect:

The first step usually includes some sort of cervical ripening, where the goal is to help the cervix soften so that it can then be more easily manipulated and changed. It's important to remember that most first time moms will efface before they dilate, so their cervix will get thin and soft before it opens. This is the same for induction; we want the cervix to be soft first.

Then the next step usually includes some sort of mechanical dilation, or forcing the cervix open. In some areas this step and the previous are done together. It is important to note that when you force the cervix to open, your labor hormone levels do not catch up immediately. The labor hormones levels still build gradually, so even though you may finish this step at 5cm dilated, your body doesn't know it's 5cm yet. So, it may take longer than you think to finally reach 6cm.

The last step can go be either option, and it may vary from birth location to birth location. The first option is synthetic oxytocin, or pitocin, which stimulates contractions. The other option is to break your water, or artificial rupture of membranes, which can also stimulate contractions.

Tips:

1. Educate yourself on what to expect!
2. Pitocin does not break the blood-brain barrier so the relief you get after natural contractions is not there. Keep oxytocin naturally flowing! This can be done through intimacy and connection with your partner.
3. Bring things to do. The process can be long. It may also be a while between the time you are admitted and when you are induced.
4. Remind yourself that there is a difference between pain and discomfort. It is easier to be uncomfortable than to be in pain.
5. Plan and bring different tools for pain and comfort management
6. Stand or move if you can. It helps!

Terminology:

- **Cervadil:** this is a prostaglandin that's inserted vaginally. It helps relax the cervix prior to the induction of labor
- **Cytotec:** another prostaglandin that's inserted vaginally to help get the cervix dilating and get labor going
- **Laminaria:** this is actually derived from seaweed and contains thyroid hormones. It is used in labor to help ripen and open the cervix
- **Foley bulb:** a little catheter that's manually inserted inside your cervix to attempt to somewhat DILATE it manually.
- **Pitocin:** a medication that's given through your IV to get your labor started. This is by far the most common labor induction method!

Types of Inductions

Membrane Sweep: a quick procedure where a doctor or midwife inserts one gloved finger into your cervix and uses a sweeping circular motion to separate the membranes that connect the amniotic sac to the walls of the uterus. This releases hormones called prostaglandins, which help prepare the cervix and lead to contractions.

Foley catheter: a small balloon inserted by a doctor into the cervix and inflated about two or three centimeters in diameter.

Prostaglandins: your body produces hormones called prostaglandins, and a synthetic form can be used to "ripen" your cervix, making it softer, more open, and ready for labor. It comes in several forms.

Oxytocin (Pitocin): If the prostaglandins work to soften and shorten your cervix (this is often called a "favorable" cervix), your care provider can give you oxytocin through an IV line.

Amniotomy: where your care provider uses an instrument that looks like a crochet hook to break the amniotic sac, allowing amniotic fluid to leak out.

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Foley Bulb:

Placement:

1. Your provider will have you lay on your back with feet in stirrups (just like during a pap smear or vaginal exam)
2. They'll use their hands or a speculum to place the Foley bulb in your vagina
3. Then it is moved through your cervix. **This can be a bit uncomfortable** (you might feel lots of cramping, and may have some contractions after the procedure)
4. Once your provider has the balloon part of the Foley bulb through your cervix, **I start to fill the bulb with water** until your provider tells me to stop
5. Once it's filled up, **it stays in your cervix for anywhere from 30 minutes to 12 hours**. I know, that's a REALLY long range, but it all depends on HOW dilated you were to begin with, and if you have any contractions while the Foley bulb is in.
6. Typically, if you are having your first baby, and your cervix is completely closed, or only 1 centimeter, your Foley bulb will stay in overnight...PREPPING your cervix for labor (Pitocin) the next day.

Labor Augmentation:

Inductions differ from **augmentation of labor**. Augmentation of labor is done when *you're already in labor*.

Here's an example of labor augmentation:

- Let's say you're contracting, you get an epidural, and your contractions space out after you get comfortable with your epidural
- It's been a few hours, and it seems that your contractions aren't getting much closer, and your cervix hasn't changed either
- Your provider may suggest to start some PITOCIN, or BREAK YOUR WATER. This isn't a labor *induction*, this is an **augmentation**

Monitoring:

1. We need to see your contraction pattern to titrate your Pitocin
2. More importantly, we need to see your baby's heart rate for safeguarding in case we need to turn down the Pitocin, turn OFF the Pitocin, or head the operating room

Pitocin:

- MOST people do not start feeling contractions AS SOON AS Pitocin is started
- Usually, after about an hour, you may start to feel some cramping, followed by mild contractions
- Then you'll feel stronger contractions that start to get closer and closer together.
- Once you've reached an adequate labor pattern (painful contractions, 2-3 MINS together, and cervical change), your nurse will STOP turning up your Pitocin. Then, your body will do its thing, change your cervix, and eventually you'll deliver!

More on Foley Bulbs:

- Foley bulbs aren't meant to do the job on their own. 90% of the time you'll get a Foley bulb placed, in addition to getting Pitocin started (typically a little later in the game).
- A Foley bulb is a long (about 12-14 inch) flexible catheter about the thickness of a McDonald's straw (you know how they are a little thicker than normal straws)
- It's nice and bendy, and it's usually made of latex, or similar material (if you have an allergy to latex)
- It's got an opening on one end that I hook a syringe up to, and the other end is a BALLOON-TYPE mechanism that can be filled with fluid (this is the part that goes in your cervix)