

Induction of Labor

What is induction of labor?

Induction of labor is a medical procedure that softens the **cervix** (the opening to the womb or uterus) and starts **contractions** (muscle movements that help push the baby out of the uterus). This procedure is a way to plan when your **labor** (childbirth) will start, instead of waiting until labor starts on its own. The goal of an induction is to have a safe vaginal birth within 24 hours.

What happens during an induction procedure?

We use standard medications and techniques to soften and **dilate** (widen) the cervix so it can reach 10 centimeters (cm) wide. A safe and effective induction procedure includes the following:



Misoprostol (Cytotec®)

- This is a small pill that your provider will place in the vagina every 3 hours at the start of your induction until the cervix is 3-4 cm dilated.
- Misoprostol causes your cervix to soften and open and starts your contractions.



Balloon

- When your cervix is between 1-3 cm dilated, your provider will place a soft balloon at the top of the cervix. This causes your cervix to soften and dilate.
- This balloon can also be placed in the OB Triage or in the clinic before your scheduled induction. Then you will be admitted to the hospital later in the day.

- Misoprostol is used in combination with the balloon.



Amniotomy

- When your cervix is around 3-4 cm dilated, your provider will remove the balloon. Then they will use a device to break the bag of water around your baby. This procedure is called an **amniotomy**.
- The amniotomy causes more contractions to help labor progress.



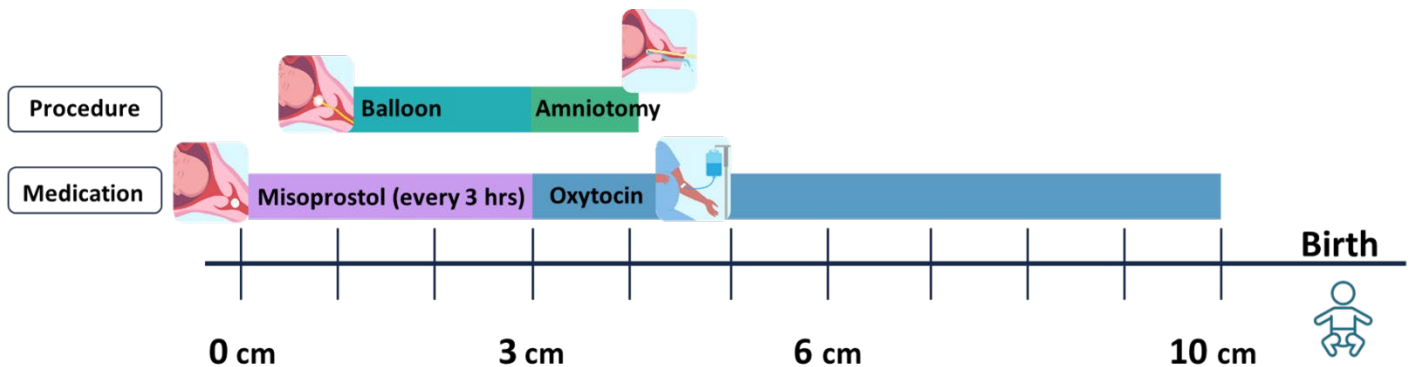
Oxytocin (Pitocin®)

- Starting around when your cervix is 3-4 cm dilated, your provider will give you oxytocin through an IV (a needle inserted into your vein).
- This medication causes contractions, and it can be easily increased or decreased to avoid having too many contractions. Sometimes oxytocin is also used instead of misoprostol earlier in the induction process.

Other steps throughout your induction procedure:

- We will do cervical exams every 2-4 hours to confirm that the induction process is going well.
- We will do continuous fetal monitoring (medical checks on the baby) to make sure that the baby is doing well throughout the process.
- We will place an IV at the start of your induction.

Timeline (by centimeters dilated) of the induction procedures and medications:



What are the benefits of induction?

Induction for a medical reason

For some medical conditions, induction of labor is recommended to reduce the risk of complications (medical problems) for both the pregnant person and the baby. Timing your birth instead of waiting for **spontaneous labor** (whenever labor naturally starts on its own) decreases the chance that your medical conditions will get worse. It also decreases the risk of **stillbirth** (when a baby dies during pregnancy or birth). Some of these medical conditions include:

- Pre-eclampsia and high blood pressure
- Diabetes
- Low amniotic fluid (oligohydramnios)
- When the baby is much smaller than expected

Ask your doctor, nurse, or midwife if you have a condition where early birth is recommended.

Induction after 39 weeks of pregnancy

Induction of labor can be done safely after 39 weeks for pregnant people who do not have a medical reason for early birth. Potential benefits include:

- Reduced risk of developing high blood pressure or pre-eclampsia later in pregnancy

- Decreased risk of stillbirth (if induced before 42 weeks)
- Possibly making it less likely that you will need a **Cesarean birth** (a surgery to deliver a baby through a cut made through the belly, also called a C-section)

What are the risks of induction?

- We monitor the baby's heartbeat continuously because sometimes labor can be harmful to babies. If this is the case, you might need urgent or emergency interventions (including Cesarean birth).
- An induction of labor can fail if your cervix does not dilate to 10 cm, despite all efforts to help labor progress. If this happens, you will need a Cesarean birth. Your doctor, midwife and nurse will regularly keep you updated on next steps for care.
- If an induction takes too long (more than 24 hours), there is a higher risk of bleeding, infection, and Cesarean birth.
- Patients who are induced have a longer hospital stay before birth compared to patients who have spontaneous labor.
- It may be harder for you to rest during the early parts of your labor.

What are alternatives to induction?

- Waiting for spontaneous labor
- Cesarean birth

How can I help my induction go well?

- During the early part of the induction, try to rest as much as possible, drink fluids, and snack lightly.
- When your contractions get stronger, rock on a birth ball or use the shower to make yourself more comfortable. Being upright (instead of lying down) and active helps your labor move forward.

- Change positions often, especially if you have an **epidural** (an injection of medication that blocks pain during labor).
- Plan to have a support team (your partner, family member, doula, friend) with you. Having ongoing labor support after your contractions get stronger decreases the possibility of a Cesarean birth and improves your labor and birth experience.
- Before you come to the hospital for your induction, learn about ways to push effectively after the cervix is 10 cm dilated.

What can I eat and drink during an induction?

During an induction, you can eat food without animal protein or fat. Once you get an epidural or once you're in active labor, you can have clear liquids (like water, apple or grape juice, gelatin, popsicles).

What does a scheduled induction look like?

On the day that your induction is scheduled, you should arrive at the Birth Center at the time you are scheduled (unless you are contacted that day with different instructions). Please note that we may have to delay your induction 1 day or more, depending on how busy it is in the Birth Center. We try to give you as much advance notice as possible about delays.

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