



CHILDBIRTH CENTRE

Starting your Induction – Cervical Ripening

What is an Induction of Labour?

Induction of labour is defined as the process of artificially stimulating the uterus to start labour. It is a process that often involves many different steps to increase the chance of you having a vaginal birth. In most cases, before the Induction of labour starts, there needs to be a cervical ripening process.

Why do I need an Induction of Labour?

There are many reasons you may need an induction of labour and some of these reason may include:

- Your pregnancy is one to two weeks past your due date. This is known as a post-dates induction and is the most common reason.
- Your baby is not growing well or baby movements have slowed down.
- Your water has broken for a prolonged period of time without labour starting on its own.
- You have a medical illness like high blood pressure, diabetes, kidney disease or heart problems.
- You have a problem with your placenta.

What is cervical ripening and why may I need it?

Cervical ripening is a process that helps your cervix (lowest part of your uterus) get ready for labour to allow for more easy dilation (opening of the cervix). Cervical ripening is done to have the best possible chance of having a vaginal birth. It is important because trying to induce labour when your cervix is not ready could result in a long, unsuccessful induction or the need for caesarean. If your cervix is not ready (unripe), you might need to have a cervical ripening before starting the induction. Cervical ripening can be done 2 ways, either mechanically or with medications.

You don't always stay in the hospital until you give birth. In some situations, you may be able to go home and come back to the hospital once you are in active labour.

Some women need more than one method of cervical ripening, so a combination of these methods can be used to ripen your cervix. In some cases cervical ripening can take 3-4 days.

Helping you make an informed decision about cervical ripening.

Your health care provider (HCP) will discuss the risks and benefits of cervical ripening and the options you may have. You may not have the same options as others depending on your health, the health of your baby or the location of your placenta.

What are my options and how does cervical ripening work?

Mechanical: Balloon Catheter

Small balloon catheters are a common way to ripen a cervix. In this method, your HCP will insert a catheter through your cervix and fill the balloon with water. This method works well when your cervix is open enough to fit the catheter through. The weight of the balloon will help your cervix open (just like your baby's head will later in labour). It can be uncomfortable to have the small balloon inserted and you may have some uterine cramping or contractions following insertion; but generally after the initial insertion, you will experience very little discomfort. The balloon catheter can be left in place for 24 hours and sometimes will be taped to your leg. When your cervix is ripe, the balloon will fall out; at that point you can return to the hospital or let your nurse know.

Medications

Prostaglandins are medications that help your cervix get ready for labour. There are different types of prostaglandins used for cervical ripening. The routes that can be used include oral, vaginal and cervical.

If you have had a previous caesarean section, prostaglandins are not a safe choice for you.

Prostaglandins work by causing your uterus to contract. This puts pressure on your cervix, either from your baby's head or the bag of water (amniotic sac) pressing down. Before any medications are given to you, your health care team will monitor you and your baby. If you are going to have a vaginal or cervical prostaglandin, your health care provider will explain the procedure before inserting the medication.

Oral Misoprostol is a pill that you take every 4 hours. Each time you take it you need to have your baby monitored. ***You will also need to stay at the hospital if this is the method of induction chosen.*** You may be given this medication up to 3 to 4 times before labour starts.

Prostaglandin Gels – are put into your vagina every 6 hours. Prostaglandin gels cannot easily be removed if you start to have too many contractions or if there is a concern with your baby. This does not happen often, but if it does, other medications may be given to you by intravenous to stop your contractions. You may need to repeat this medication 2 to 3 times before labour starts.

Cervidil – is a prostaglandin medication that comes on a string like a tampon. The string is tucked up into your vagina. If you are having too many contractions your HCP may instruct you to pull it out. The Cervidil can stay in for up to 24 hours. However, you will need reassessment after 12 hours to help decide the next steps for you. Sometimes, you may need more than one dose of Cervidil.

After inserting the balloon catheter, prostin gel or Cervidil, if everything has gone as expected, you may be able to go home and do your normal activities including eating, showering and sleeping.

Is inpatient or outpatient cervical ripening the right option for me?

The option to stay at the hospital or go home while your cervix ripens will depend on many factors. Some of them include: the reason for the cervical ripening/induction of labour, how you and your baby are coping with the cervical ripening, how many babies you have had before, how far away you live from the hospital and what type of cervical ripening method is being used.

Going home to await your cervix being ready for labour is, in most cases, the most comfortable option for you. Being at home allows you to relax, eat your own food, drink and sleep in your own bed; whereas being in the hospital can be noisy at times and is generally an unfamiliar area which will make relaxing more difficult for you. In case you need to stay at the hospital, make sure to bring all the things you need for you and your partner such as: comfortable clothes, books, movies, iPad, etc.

My cervical ripening may not occur at the time it is booked because:

- Other pregnant patients have more urgent medical needs
- The patient activity in the Birth Unit will not allow us to safely care for you and your baby
- There can be many pregnant patients booked for induction of labour on the same day; priority will be decided by the health care team.

What happens if my cervical ripening appointment is delayed?

- You will be called by one of the Birth Unit staff to let you know what is happening
- You may be asked to come in to the unit so that we can check on the wellbeing of you and your baby and sent home again to wait
- You may be booked at another time for your cervical ripening

What if the cervical ripening does not work?

If the cervical ripening does not work and you and your baby are both healthy, you may be able to go home and come back in a day or two and try again. If this is the case, your HCP will discuss this with you to ensure a safe birth for you and your baby.

It is important to remember that not all inductions of labour will result in a vaginal birth; a caesarean birth may be needed.

Questions I have for my health care provider:

Date of possible induction: