

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Procedure Information Sheet - Induction of Labour

1. Introduction

1.1 What is induction of labour?

In most pregnancies, labour occurs naturally between 37 and 42 weeks of pregnancy.

If a doctor or midwife helps start labour artificially, it is called “induction of labour” (also known as “inducing labour”).

1.2 Why is labour induction necessary? Common reasons for induction of labour include:

- 1.2.1 The pregnancy is more than *41 weeks*.
- 1.2.2 The amniotic fluid has broken but labour has not started naturally.
- 1.2.3 The fetus is in poor health or has growth retardation.
- 1.2.4 The pregnant woman has specific health problems (e.g. pregnancy-induced hypertension, diabetes, etc.).
- 1.2.5 If there are other reasons for induction of labour, the doctor will discuss this with you further.

1.3 What happens on the day of induction of labour

- 1.3.1 Arrive at the hospital at the appointment time. Late arrival may delay the induction of labour.
- 1.3.2 Monitoring the fetus: confirm the fetal position and fetal heart rate.
- 1.3.3 Pre-draw blood for matching in case of emergency during delivery.
- 1.3.4 Vaginal examination: The doctor or midwife will assess the condition of the cervix and decide on the appropriate method.
- 1.3.5 The induction process may last for more than 24 hours. If the cervix is not mature, it will take longer to prepare.

2. Induction methods

Depending on the maturity of the cervix, induction may include the following methods:

2.1 Prostaglandin (PGE2)

- 2.1.1 The drug gel or tablet is inserted into the vagina to soften the cervix.
- 2.1.2 After the drug is inserted, the pregnant woman needs to stay in bed and monitor the fetus for at least 30 minutes, and then she can move freely.
- 2.1.3 If you suspect that the drug has fallen off, or the uterus is contracting frequently, the amniotic fluid is breaking, or there is vaginal bleeding, please inform the medical staff.
- 2.1.4 After the drug is inserted, you may feel nausea, vomiting, diarrhea, fever and headache.
- 2.1.5 If the uterine contractions are too dense and the fetal heart rate monitoring is not ideal, further treatment may be required.

2.2 Cervical ripening balloon

- 2.2.1 Insert the catheter with the balloon into the cervix to help dilate the cervix through pressure.
- 2.2.2 After the balloon is inserted, the pregnant woman needs to stay in bed and monitor the fetus for at least 1 hour, and then she can move freely.
- 2.2.3 Remove after a maximum of 24 hours of retention.
- 2.2.4 If you suspect that the balloon has fallen off, or the uterus is contracting frequently, the amniotic fluid is penetrated, or there is vaginal bleeding, please inform the medical staff.
- 2.2.5 After the balloon is inserted, it may cause vaginal discomfort, placental tissue peeling, uterine rupture, and damage to the uterine cervix.

2.3 Artificial rupture of membranes

- 2.3.1 When the cervix is dilated enough, the medical staff uses an instrument to break the amniotic membrane.
- 2.3.2 The risk of umbilical cord prolapse or infection may increase, and the fetus needs to be closely monitored.



Hosp No. : HKID No.:
Case No. :
Name :
DOB : M / F
Adm Date :
Contact No. :

Procedure Information Sheet - Induction of Labour

2.4 Oxytocin

- 2.4.1 Hormones are injected intravenously to induce uterine contractions, and the fetal heart rate needs to be monitored continuously.
- 2.4.2 The dose of oxytocin will be adjusted according to the uterine contraction until the uterus reaches the optimal contraction state.

3. Precautions

- 3.1 Once the induction of labor begins, it cannot be stopped midway and must be continued until the delivery is completed.
- 3.2 The pain of induction of labor varies from person to person, and painless delivery (epidural anesthesia) can be provided if necessary.
- 3.3 The duration of the induction of labor varies.
- 3.4 Generally speaking, you will be evaluated about every 4 hours, and the frequency of evaluation will be adjusted according to clinical needs.
- 3.5 If there is no significant change in the cervix after multiple evaluations, the chance of successful vaginal delivery is low, and the doctor will further discuss the delivery method with you, which may require a caesarean section.

4. Risks

- 4.1 Generally speaking, induction of labor is safe for you and the fetus.
- 4.2 The chance of successful vaginal delivery is about 80%.
- 4.3 One of the small risks is that the uterus is overstimulated by the drug, resulting in temporary poor fetal heart rate monitoring or the need for further treatment.
- 4.4 Another small risk (<1%) is uterine rupture, especially in women who have had a caesarean section.
- 4.5 The risk of allergy to oxytocin is rare, but if you have any known allergic reaction, please inform the medical staff.
- 4.6 After the injection of oxytocin, there is a chance of electrolyte imbalance, headache, low blood pressure, nausea, vomiting or rash discomfort.

5. Remarks

- 5.1 The above medical procedure information is for reference only, and the risks or complications that may occur for certain types of patients or individuals are not exhaustive. If you have any questions, please contact your doctor.

I understand the above information about the procedure. I also have the opportunity to ask questions about my condition and treatment plan and receive full answers.

Patient / Relative Signature: _____

Patient / Relative Name: _____

Date: _____

