**Information on induction:**

**What does it mean to induce labor?**

Live birth: Induction

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If your labor doesn't start on its own, your practitioner can use medication and other techniques to bring on (or induce) contractions. Your OB/midwife can use some of the same methods to [augment](http://www.babycenter.com/0_labor-augmentation_1195960.bc), or speed up, your labor if it stops progressing for some reason. In 2006, according to the U.S. Centers for Disease Control and Prevention, more than 1 in 5 births in the United States was induced. This rate more than doubled from 1990.

**Why would my labor be induced?**

Your practitioner will recommend induction when the risks of waiting for labor to start on its own are higher than the risks of the procedures used to get your labor going. This may be the case when:

* You're still pregnant one to two weeks past your [due date](http://www.babycenter.com/pregnancy-due-date-calculator). Experts advise waiting no longer than that to give birth because it puts you and your baby at greater risk for a host of problems. For example, the placenta may become less effective at delivering nutrients to your baby, increasing the risk of a stillbirth or serious problems for your newborn.
* Your [water breaks](http://www.babycenter.com/0_signs-of-labor_181.bc) and your labor doesn't start on its own. In this case, you'll be induced to decrease the risk of infection to your uterus and your baby, which is more of a concern once your membranes have ruptured. (However, if your baby is still very premature, your practitioner may hold off on inducing labor.)
* Tests show that your placenta is no longer functioning properly, you have [too little amniotic fluid](http://www.babycenter.com/0_low-amniotic-fluid-oligohydramnios_1199460.bc), or your baby isn't thriving or growing as he should.
* You develop [preeclampsia](http://www.babycenter.com/0_preeclampsia_257.bc), a serious condition that can endanger your health and restrict the flow of blood to your baby.
* You have a chronic or acute illness – such as high blood pressure, diabetes, or kidney disease – that threatens your health or the health of your baby.

**How can I bring myself in labor naturally?**

* **Take a warm bath**. More circulation helps the body go into labor
* **Have sex:** stimulation of the nipples and kissing release the hormone oxytocin -- the “contraction hormone” (and the one that’s artificially used in Pitocin). Also, sperm has prostaglandins, which again are used for induction, and help the body go into labor
* Start drinking red raspberry leaf tea: 2-3 cups a day
* Make your very own labor tea: boil 10 cloves, fresh ginger, 1 teaspoon cinnamon, verbena tea and red raspberry leaf tea in hot water. Drink 2 cups throughout the day
* Eat hot and spicy food: meals containing cinnamon, cloves, cardamom, coriander, verbena and ginger.
* Castor oil: Castor oil is a strong laxative. Although stimulating your bowels may cause some contractions, there's no definitive proof that it helps induce labor – and you're likely to find the effect on your gut very unpleasant. It can also lead to diarrhea and dehydration. Check with your OB/midwife if they are ok when you take it
* Few thoughts: Is something stressful postponing your labor? Are you relaxed with your partner? Is the postpartum time planned and do you have enough help? Or do you just enjoy being pregnant?
* **Stripping or sweeping the membranes**. If your cervix is already somewhat dilated and there's no urgent reason to induce, your practitioner can insert a finger through the cervix and manually separate your amniotic sac from the lower part of your uterus. This causes the release of prostaglandins, which may help further ripen your cervix and possibly get contractions going.

In most cases, this procedure is done during an office visit. You're then sent home to wait for labor to start, usually within the next few days. Many moms-to-be find this procedure uncomfortable or even painful, although the discomfort is short-lived.

**How will labor be induced artificially?**

This depends in large part on the condition of your cervix at the time. If your cervix hasn't started to soften, efface (thin out), or dilate (open up), it's considered "unripe" – or not yet ready for labor.

In that case, your practitioner would use either medicine or "mechanical" methods to ripen your cervix before the induction. This tends to shorten the length of labor, and sometimes these procedures end up jump-starting your labor as well.

If your labor doesn't start though, you'll be started on an IV infusion of oxytocin. This drug (often referred to by the brand name Pitocin) is a synthetic form of the hormone that your body naturally produces during spontaneous labor.

Generally expect your induction to take 24 hours until you are in labor. Bring a good book or whatever else helps you to distract yourself and relax.

Some of the methods used to ripen the cervix and induce labor are:

* **Using prostaglandins**. Typically, if you need to be induced but your cervix is not yet dilated or thinned out, you'll be admitted to the hospital and your caregiver will start the induction by inserting medication that contains prostaglandins into your vagina. This medication helps to ripen the cervix and, as mentioned above, sometimes stimulates enough contractions so that you don't need oxytocin. Sometimes you go into labor quickly but those contractions are not effective yet. Sometimes you don’t feel anything with prostaglandins. The process can be done every 6-8 hours, twice a day.
* **Using a Foley catheter**. Instead of using medication to ripen your cervix, your practitioner may insert a catheter with a very small uninflated balloon at the end into your cervix. When the balloon is inflated with water, it puts pressure on your cervix, stimulating the release of prostaglandins, which cause the cervix to open and soften. When your cervix begins to dilate, the balloon falls out and the catheter is removed. This procedure can hurt- discuss before whether it’s necessary to put in the foley and agree on stopping when it’s too painful.
* Taking **cytotec** (Minprostin). This is a pill that can either be ingested orally or placed near the cervix. It is used more often when the cervix is not very favorable. It can cause a very rapid labor. This is copied from Wikipedia:

*Misoprostol is commonly used for*[*labor induction*](http://en.wikipedia.org/wiki/Labor_induction)*. It causes*[*uterine*](http://en.wikipedia.org/wiki/Uterine)*contractions and the ripening (*[*effacement*](http://en.wikipedia.org/wiki/Effacement)*or thinning) of the* [*cervix*](http://en.wikipedia.org/wiki/Cervix)*.*[*[3]*](http://en.wikipedia.org/wiki/Misoprostol#cite_note-3)*It can be significantly less expensive than the other commonly used ripening agent, [dinoprostone](http://en.wikipedia.org/wiki/Prostaglandin_E2" \o "Prostaglandin E2) (trade names Cervidil and Prepidil).*[*[4]*](http://en.wikipedia.org/wiki/Misoprostol#cite_note-summers-4)

[*Oxytocin*](http://en.wikipedia.org/wiki/Oxytocin)*(trade names Pitocin and Syntocinon) has long been used as the standard agent for labor induction, but doesn't work well when the cervix is not yet ripe. In addition to being used alone to induce labor, misoprostol may be used in conjunction with oxytocin.*[*[4]*](http://en.wikipedia.org/wiki/Misoprostol#cite_note-summers-4)

*Between 2002 and 2012, extensive safety testing of a controlled-delivery formulation misoprostol was performed, and misoprostol (under the brand names "Misodel" and "Mysodelle") was approved in the EU.*[*[5]*](http://en.wikipedia.org/wiki/Misoprostol#cite_note-5)***However, in 2013 the US FDA refused to grant approval to this formulation, and misoprostol remains unapproved for labor induction in the US.***

* **Rupturing the membranes**. If you're at least a few centimeters dilated, your practitioner can insert a small, plastic hooked instrument through the cervix to break your amniotic sac. This procedure (called amniotomy) causes no more discomfort than a vaginal exam. However, once the membranes are ruptured you are “under the clock”. Your baby then needs to be born in a certain amount of time (usually within 12 hours) and that is not always possible.  
    
  If your cervix is very ripe and ready for labor, there's a small chance that rupturing the membranes alone will be enough to get your contractions going. If that doesn't happen, your practitioner will give you oxytocin through an IV.
* **Using oxytocin (Pitocin)**. Your practitioner may give you oxytocin through an IV pump to start or augment your contractions.

### **What risks are associated with inducing labor?**

While induction is generally safe, it does carry some risk, which may vary according to the methods used and your individual situation. Oxytocin, prostaglandins, or nipple stimulation (explained below) occasionally cause contractions that come too frequently or are abnormally long and strong. This in turn may stress your baby and you might need a c-section right away.

In rare cases, prostaglandins or oxytocin also cause [placental abruption](http://www.babycenter.com/0_placental-abruption_1425791.bc) or even uterine rupture, although ruptures are extremely rare in women who've never had a c-section or other uterine surgery.

One commonly used prostaglandin, misoprostol, is associated with a relatively high rate of rupture in women attempting a [vaginal birth after a cesarean (VBAC)](http://www.babycenter.com/0_vaginal-birth-after-cesarean-vbac_1420895.bc) and should never be used in women with a scarred uterus. Some experts don't think women attempting VBAC (vaginal birth after delivery) should be induced with oxytocin, either.

To assess the frequency and length of your contractions as well as your baby's heart rate, you'll need to have [continuous electronic fetal monitoring](http://www.babycenter.com/0_fetal-monitoring_1451559.bc) during an induced labor. You'll probably have to lie or sit while being monitored, but some hospitals offer telemetry, which lets you walk around during the process.

Inducing labor can take a long time, particularly if you start with an unripe cervix, and this process can be hard on you and your partner psychologically. (On the other hand, among women who go past their due date, the seemingly endless wait for labor to begin may be even more trying.)

And if the induction doesn't work, you'll need a c-section. Having a c-section after a long labor or unsuccessful induction is associated with higher rates of complications than you'd face with a planned c-section.

Remember that your practitioner will recommend inducing your labor only when she believes that the risks to you and your baby of waiting for labor to begin on its own are higher than the risks of intervening.

Generally, most moms who are having an induction will have an epidural at some point. Since your body didn’t create those contractions they sometimes feel much more painful early on.

### **Are there any circumstances in which my labor shouldn't be induced?**

Yes. You'll need to have a c-section rather than an induction whenever it would be unsafe to labor and deliver vaginally, including the following situations:

* Tests indicate that your baby needs to be delivered immediately or can't tolerate contractions.
* You have a [placenta praevia](http://www.babycenter.com/0_placenta-previa_830.bc) (when the placenta is lying unusually low in your uterus, either next to or covering your cervix).
* Your baby is in a [breech or transverse position](http://www.babycenter.com/0_breech-birth_158.bc), meaning that he's not coming headfirst.
* You've had more than one c-section. (Some practitioners believe that women with even one previous c-section shouldn't be induced.)
* You had a previous c-section with a "classical" (vertical) uterine incision or other uterine surgery, such as a myomectomy (surgery to remove fibroids).
* You're having twins and the first baby is breech, or you're having triplets or more.
* You have an active [genital herpes infection](http://www.babycenter.com/0_herpes-during-pregnancy_1360877.bc).