

Most mothers go into labour with one of the above methods of induction. If you are not in labour, a further plan would be made after assessing the favourability of the cervix via a vaginal examination.

What are the risks involved with an induction of labour?

1. Failure to ripen (soften) the cervix
If this happens, you may be offered an alternative induction method, or you may require a Caesarean section.
2. Overstimulation of uterus
A small number of women are very sensitive to the induction agent used and the uterus may contract too often and/or too strongly. This can cause stress to the baby and medication may be needed to relax the uterus again.

Where will your induction be done?

Once your doctor has decided on your mode of induction (based on your pregnancy condition), you will have your induction done either in the Obstetric Monitoring Unit (OMU) or in the Delivery Suite. OMU is a specialised unit within Ward 32 for performing induction processes. It has a total of 10 beds (5-bedded cubicle) and the ward is equipped with a centralised fetal-monitoring system, which enables close monitoring of you and your baby until you go into labour.

Preparation before your induction of labour (IOL)

It is important for you to have your meal before your appointment.

Please bring along these documents:

1. Antenatal Appointment Booklet
2. Identity Cards / passport (patient and spouse)
3. Inpatient Admission Authorisation Form

On the day of your appointment, please proceed to the following locations for your admission procedure:

- Admissions Office, Women's Tower, Level 1.
- Delivery Suite, Women's Tower, Level 2.

Your induction of labour:

Date : _____

Time : _____

Location :

- Obstetric Monitoring Unit, Women's Tower, Level 3.
- Delivery Suite, Women's Tower, Level 2.

Useful telephone number

Central Appointments

6294-4050



KK Women's and
Children's Hospital
SingHealth

100 Bukit Timah Road
Singapore 229899
Tel: 6-CALL KKH (6-2255 554)
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KK Women's and
Children's Hospital
SingHealth

Induction of Labour



Reg No 198904227G ODNiol0524

PATIENTS. AT THE HEART OF ALL WE DO.®

What is induction of labour?

Labour is a natural process that usually starts on its own. While the majority of pregnant women go into spontaneous labour, some women may require artificial help to kick-start the labour process. This is known as “induction of labour”, and the main intention is to achieve vaginal delivery.

Why do you need an induction?

Induction of labour is usually performed for various medical or obstetrics reasons. The most common reasons for induction are:

- Maternal medical conditions like Gestational Diabetes Mellitus (GDM) or Hypertension (which may affect either yourself or your baby).
- Conditions where the fetus is at risk, like growth restriction or fetal abnormalities.
- An overdue pregnancy.

Methods of induction

Before deciding on the method of induction, your doctor will perform a vaginal examination to assess the cervix.

Your doctor will recommend one of the following methods of induction based on his/her assessment:

Membrane sweep

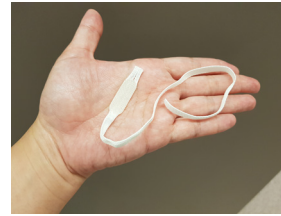
Membrane sweeping increases the likelihood of labour starting naturally within the next 48 hours. This involves a vaginal examination during which a gloved finger is used to make a circular sweeping movement around the cervix to separate the membranes from the cervix. This stimulates the cervix to release labour-inducing hormones (prostaglandins), which are naturally produced by the body. This may be

performed before the actual induction of labour is commenced. The examination may cause some discomfort and a small amount of bleeding (a show), but this will not harm your baby.

Insertion of CERVADIL® vaginal pessary

CERVADIL® is a form of prostaglandin which helps to soften your cervix.

CERVADIL® will be inserted into the vagina in the form of a pessary that releases prostaglandin over 24 hours. It is a single dose administration. Therefore, fewer vaginal examinations are required. CERVADIL® comes with a retrieval tape which allows immediate and easy withdrawal of the drug source after 24 hours of insertion or earlier if needed.



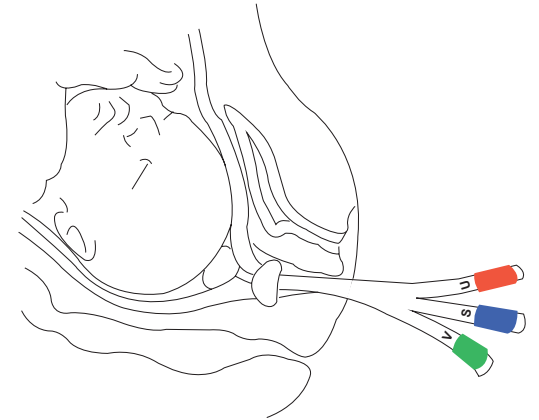
Insertion of PROSTIN E2® vaginal pessary

PROSTIN E2® also contains prostaglandin. During induction, the PROSTIN E2® is inserted into the vagina in the form of a pessary to release prostaglandin over 12 to 24 hours. The time taken for induction varies as every woman responds differently to the effect of PROSTIN E2®. Additional PROSTIN E2® pessaries may be necessary, either six hours or a day later, depending on how your body responds. The frequency will be recommended by your doctor.



Insertion of Cervical Ripening Balloon (CRB)

The CRB is a catheter which is placed in the lower uterus and vagina for approximately 12 hours. The balloon is filled with saline. It promotes cervical ripening and onset of labour by stretching the cervix. A speculum examination is needed to facilitate the insertion.



Surgical Induction (SI) or Artificial Rupture of Membranes (ARM)

Once your cervix has started to open, your water bag may be broken using a thin sterile plastic hook. This may be done after you have had a cervical ripening balloon, vaginal prostaglandins, or if your cervix has naturally dilated without other methods of induction. This will not harm your baby and will not cause the water around the baby to empty completely.

Oxytocin

If your contractions have not started, we will offer you an intravenous drip of oxytocin. Oxytocin is a hormone produced by the body during labor to stimulate uterine contractions. We will adjust the rate of the drip such that your contractions become regular and strong to help your labour progress.