

Inducing labor: When to wait, when to induce

Considering inducing labor? Understand who makes a good candidate for inducing labor and why the intervention isn't for everyone. Call for an appointment with Dr Sharifah and get some advice

Nature controls most aspects of labor — but sometimes nature needs a nudge. If your doctor decides you and your baby would benefit from delivering sooner rather than later, she might suggest inducing labor.

Why would I need an induction?

There are many reasons why induction of labor is recommended, primarily when there's concern for your health or your baby's health. For example:

- You're approaching two weeks beyond your due date, and labor hasn't started naturally
- Your water has broken, but you're not having contractions
- There's an infection in your uterus
- Your baby has stopped growing at the expected pace
- There's not enough amniotic fluid surrounding the baby (oligohydramnios)
- Your placenta has begun to deteriorate
- The placenta peels away from the inner wall of the uterus before delivery — either partially or completely (placental abruption)
- You have a medical condition that might put you or your baby at risk, such as high blood pressure or diabetes

Can I wait for labor to begin naturally?

Up to two weeks after your due date, a wait-and-see approach might be preferable. Nature prepares the cervix for delivery in the most efficient, comfortable way. However, if your doctor is concerned about your health or your baby's health or your pregnancy continues two weeks past your due date, inducing labor might be the best option. This is because aging of the placenta might compromise a baby's ability to survive in the womb. An overdue baby is also more likely to inhale fecal waste (meconium) during childbirth, which can cause breathing problems or a lung infection after birth.

Can I request an induction?

If you're interested in an elective induction, discuss it with your doctor. If you live far from the hospital or you have a history of rapid deliveries, a scheduled induction might be warranted. Although there are exceptions, elective induction generally isn't appropriate for lifestyle or work reasons. Keep in mind that unnecessary intervention poses unnecessary risks — such as the need for a C-section. Trust your doctor to help you make the best decision in your case.

What are the risks?

Inducing labor carries various risks, including:

- **The need for a C-section.** Labor induction is more likely to result in the need for a C-section — particularly if you've never given birth before and your cervix hasn't already begun to thin, soften and dilate (unfavorable cervix).
- **Premature birth.** Inducing labor too early might result in a premature birth, which poses risks for the baby, such as difficulty breathing.
- **Low heart rate.** The medication used to induce labor — oxytocin or a prostaglandin — might provoke too many contractions, which can diminish your baby's oxygen supply and lower your baby's heart rate.
- **Infection.** Inducing labor increases the risk of infection for both mother and baby.
- **Umbilical cord problems.** Inducing labor increases the risk of the umbilical cord slipping into the vagina before delivery (umbilical cord prolapse), which might compress the cord and decrease the baby's oxygen supply.
- **Uterine rupture.** Uterine rupture is a rare but serious complication in which the uterus tears open along the scar line from a prior C-section or major uterine surgery. An emergency C-section is needed to prevent life-threatening complications.
- **Bleeding after delivery.** Labor induction increases the risk that your uterine muscles won't properly contract after you give birth (uterine atony), which can lead to serious bleeding after delivery.

Inducing labor is a serious decision. Work with your doctor to make the best choice for you and your baby.