*Remember not to eat or drink anything the morning of your scheduled induction*

**PATIENT INFORMATION FOR INDUCTION OF LABOR**

After full evaluation of the status of your pregnancy, sometimes a decision is made to attempt to induce your labor rather than await the spontaneous onset of labor. This procedure requires admitting you to the hospital and proceeding with one of the acceptable methods to start your labor.

**Methods:**

**Cytotec Cervical Ripening:** If your cervix is not ripe or favorable (ready), Cytotec may be used. This method consists of placing a small pill inside your vagina, next to your cervix. The pill will interact in a way to ripen your cervix. This may require 1 to 4 or more applications, done 3 to 4 hours apart, to be effective. Usually during this time, you can be ambulatory, but your baby will be monitored intermittently. Sometimes this method alone will start your labor without further intervention. If this fails, we will proceed to the next method.

**Intravenous Pitocin Method:** If the cervix is ripe or favorable or if your condition indicates an urgency to induce your labor, this method consists of receiving medications directly through the vein that will cause the uterus to contract and establish a pattern of labor similar to what nature would do. Usually this method is continued for a minimum of 8 hours, after which time you will be evaluated to determine if this method will be continued or if the induction will be stopped for a period of time. If the induction is stopped, it will be restarted after 8 to 12 hours.

**Amniotomy (breaking the bag of water):** If the cervical conditions are very favorable after induction of labor or spontaneous labor, the method of amniotomy may be used to augment your labor. Usually with this method labor will become better after the water is broken.

**Things to Remember:**

Once the decision is made to induce your labor, it does not mean that your baby will be born immediately.

The myth that induced labors are more painful than natural labor is not true. With induced labors, the goal is to establish a labor pattern that closely mimics natural labor.

It is true that a slightly higher percentage of induced labors end in Cesarean section deliveries; however, this increase is probably related to the fact that many inductions are made because there is a problem with the pregnancy, rather than the induction process itself.

Your induction procedure may be interrupted or delayed because of unforeseen emergencies. Emergency procedures will take priority to elective inductions.

On very rare occasions, the induction process will fail. A decision as to how to proceed will be undertaken based on the exact situation.

If you have further questions, please write them down and we will discuss them at your next visit or you may call the office at 405-329-4304.

David A Porter, MD  7/11