



Induction and Augmentation

What is an induction of labour?

An induction is when uterine contractions are started through means of medical intervention instead of labour beginning spontaneously on its own. There are different ways this can be achieved: breaking the water (ARM: artificial rupture of membranes), or through artificial oxytocin given by an IV, or with misoprostol (given orally or vaginally). Sometimes, the doctor or midwife will combine two methods such as starting oxytocin and breaking the water.

Before an induction is started, the cervix first needs to be in a good “ready position.” Having a ready cervix will increase the chances of vaginal delivery. Ideally the cervix will be a couple centimeters dilated, shortened (also called effaced), softened and the head of the baby low. The health provider will check the cervix before the induction to make sure it is ready. If it is not, a cervical ripener may be recommended. This is a gel or a foley catheter that prepares the cervix before starting contractions. This is typically done the day before the induction.

What is augmentation?

Augmentation also helps with contractions however this is when labour has already started on its own. Sometimes labour starts spontaneously but the contractions slow down, become mild and far apart. Once labour has started, progress is an important consideration. To ensure that mom and baby do not get too tired, oxytocin or breaking the water (ARM) may be recommended to help with contractions.

The cervix is only able to change with strong and regular contractions!

Why may I be induced?

There are many reasons a person may undergo an induction of labour. If there are pregnancy complications, such as high blood pressure or diabetes, the midwife or doctor may advise induction before the due date. If a person goes past their due date, and baby is too comfortable, a post-dates induction may be recommended between 41-42 weeks. More recently, social inductions are sometimes done and this is a good conversation topic to have with your health care provider. It is important to remember that most women go into spontaneous labour after their due date and there are less interventions with spontaneous labour.

Patient Handout from Provincial Council for Maternal and Child Health:

<https://www.pcmch.on.ca/wp-content/uploads/2022/02/Oxytocin-PCMCH-Best-Start-Brochure-in-English-FINAL.pdf>