

# Other things that may happen

## Induction

Induction (starting labour artificially) is recommended when the doctor believes that you or your baby's health is likely to benefit.

Induction of labour may be offered if your:

- pregnancy is more than 41 weeks +0 days gestation<sup>1</sup>
- membranes rupture for 24-72 hours before labour starts<sup>1</sup>
- doctor/midwife has concerns about your health or the health of your baby.

Induction may involve one or a combination of the following approaches:

- 'sweeping of the membranes'
- prostaglandins
- artificial rupture of the membranes (also known as amniotomy)
- oxytocin infusion.

When an induction is required it is essential to assess if your cervix is ready to labour (ripe and soft). This is done by vaginal examination. If the cervix is 'unripe', prostaglandin may be inserted into the vagina either in gel or pessary form. This reduces the incidence of a 'failed induction' and prolonged labour.<sup>1</sup>

Other ways for cervical ripening and stimulating labour are not recommended in routine clinical practice as they require further evaluation in clinical trials to assess safety and effectiveness. These include:

- castor oil
- acupuncture
- homoeopathic therapy (such as caulophyllum)
- herbal supplements
- sexual intercourse
- enemas
- hot baths.<sup>1</sup>

Your doctor/midwife may suggest 'sweeping of the membranes' which involves a vaginal examination and the circular movement of two fingers to separate the membranes from the inside of your cervix. This method may reduce the need for other forms of induction, but can

cause discomfort during the procedure and some bleeding afterwards.<sup>1</sup>

Artificial rupture of the membranes alone (amniotomy) may be used as a method of induction of labour, particularly if there are specific reasons for not using prostaglandins.<sup>1</sup>

Where membranes have been ruptured and labour not started, oxytocin is often administered.

If your labour is artificially induced it is essential that your wellbeing, your contractions and your baby's wellbeing are monitored closely and carefully.

## Assisted vaginal birth (forceps or vacuum extraction)

If the birth of your baby needs to be sped up for medical reasons, an assisted birth may be recommended. Assisted vaginal birth may involve:

- forceps where large curved tongs are placed around the baby's head to assist movement through the birth canal
- vacuum extraction where a large suction cap is placed on the baby's head to assist movement through the birth canal.

It may be necessary to speed up the birth of your baby by caesarean section or assisted vaginal birth. The method chosen depends on a number of factors including:

- the condition of your baby
- your condition
- the progress of labour
- dilatation of the cervix
- how far down in your pelvis the baby has gone
- the position of the baby's head
- your comfort and choices
- the experience and opinion of the doctor
- the availability of the necessary equipment.

Assisted vaginal birth is performed in up to 1 in 8 births in Victoria, Australia. It can only be done when the cervix is fully open and you have effective pain relief.<sup>2</sup>

Research has found lower rates of assisted birth where there is companionship in labour and an upright posture in labour is adopted.<sup>3</sup>

## Caesarean section

Caesarean section is a major surgical operation in which a baby is born through a cut in the abdomen and uterus. Caesarean section is usually performed under regional (spinal or epidural) anaesthesia. However, sometimes general anaesthesia is required.<sup>4</sup>

In some cases a caesarean section will be arranged in advance because of medical reasons (e.g. where the placenta lies across the opening of the uterus known as placenta praevia). Sometimes it will be decided that a caesarean section is necessary during the course of labour.

The caesarean section rate in Victoria, Australia, varies from hospital to hospital. In 2006 about 27 per cent of all births were by caesarean section. Of these approximately half were elective (planned) caesarean sections and approximately half were emergency (unplanned) caesarean sections. There is concern amongst some clinicians and women about the rising caesarean section rates particularly for women giving birth for the first time. For this reason all maternity hospitals in Victoria are required to report to the Department of Human Services on their caesarean rate for first time, low risk mothers.

## Vaginal Birth after Caesarean Section (VBAC)

Many women who had a caesarean section can safely give birth vaginally. This is commonly referred to as 'vaginal birth after caesarean section' or VBAC.

The benefits of VBAC are:

- lower risk of developing complications than repeat elective caesarean section
- avoiding other risks associated with surgical procedures (infections, DVT, less blood loss)
- faster recovery

- generally less risks for the baby (e.g. decreased risk of baby being admitted to a special care nursery for respiratory problems).<sup>5</sup>

The risks associated with VBAC include rupture of the uterine scar. About one in every 200 VBACs attempted results in rupture of the uterine scar. For those women who do have a uterine rupture, there is an increased risk of hysterectomy and stillbirth.<sup>5</sup>

If you have had a previous caesarean section, to make an informed decision it is recommended that you

- obtain the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) patient information pamphlet entitled "[Vaginal Birth After Caesarean Section](#)"
- discuss and clarify the information with your doctor/midwife and ask what types of care and support the hospital offers for women choosing VBAC.

For more information, review the information supported by evidence about VBAC. Ask your doctor/midwife, hospital or the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) for the patient information pamphlet: [Vaginal Birth after Caesarean Section](#).

## References

<sup>1</sup> National Institute for Health and Clinical Excellence (NICE) (2008) Clinical Guideline: Induction of Labour, <http://www.nice.org.uk/Guidance/CG70>

<sup>2</sup> Department of Human Services (2008) Perinatal: Births in Victoria, 2006 <https://www.health.vic.gov.au/perinatal/stats/birthsvic06.htm>

<sup>3</sup> National Institute for Health and Clinical Excellence (NICE) (2008) Clinical Guideline: Intrapartum, <http://www.nice.org.uk/Guidance/CG55>

<sup>4</sup> National Institute for Health and Clinical Excellence (NICE) (2004) Clinical Guideline: Caesarean section, <http://www.nice.org.uk/Guidance/CG13>

<sup>5</sup> Society of Obstetricians and Gynaecologists of Canada (SOGC) (2004) Clinical Practice Guidelines for Vaginal Birth after Caesarean Section