Thank you for choosing MercyOne for this special event! We look forward to caring for you during your labor and delivery.

While some inductions are recommended for medical reasons, some are “elective.” An elective induction is when you or your doctor choose to start labor without a medical reason. It is very important to discuss with your physician possible complications and alternatives to an "elective" induction before deciding on this option.

**TYPES OF INDUCTIONS**

**Medical Induction:** Your induction is scheduled for ____________________________ on_____________________.

The charge nurse will start making calls at 5 a.m. for scheduled morning inductions, and at 4 p.m. for scheduled evening inductions, and will confirm your time of arrival.

**Elective Induction:** Your induction is scheduled on ____________________________.

Elective inductions can only be scheduled after 39 weeks gestation and are scheduled on an “on call” basis only as staffing and bed availability allow. We will try to give you as much notice as possible, but it is important to be readily available when you are called to ensure your room remains available for you. If you have not received a phone call by 8 a.m. (morning inductions) or 9 p.m. (evening inductions), you may call and talk to the charge nurse for an update on the status of your induction. Depending on staffing and bed availability, we may also be able to move your evening induction up and will give you a call in the afternoon to see if you are available to come in early. There are also times when high patient volumes will prohibit elective inductions. If this occurs, we will notify your physician for approval to reschedule you for the next available day.

**WHAT CAN I EXPECT?**

It is okay to eat a light meal before you come to the hospital for your induction. Please remove all jewelry and piercings prior to admission. When you arrive at the hospital you will need to check in with admitting on the third floor of the East Tower. You will be brought to your room and asked to change into a gown. After you are in bed, fetal monitors will be applied. You will then have an IV started in your hand or arm to administer fluids and medications. Your history will be obtained, blood work will be drawn, and a physical assessment will be performed before starting your induction.

You will be monitored continuously but will be encouraged to change positions frequently, and you will be allowed to get up to go to the bathroom.

Occasionally, despite medication used for your induction, you may not go into labor. If this occurs your doctor will discuss with you what options are available.
POSSIBLE COMPLICATIONS

Although labor induction is a common procedure, there are possible complications. Please ask your doctor about the risks and benefits of labor induction.

HOW MAY INDUCTION OF LABOR BE DONE?

Different methods can be used to induce labor. You and your doctor will decide which methods are right for you.

Cervical ripening medication: This medication is given to soften and dilate your cervix. Cytotec® is a tablet taken orally or placed in your vagina behind your cervix. Cervical ripening medication is typically started in the evening. You will be encouraged to rest throughout the night as active labor will be more likely to occur the following day. We suggest you limit visitors during the overnight as there is only one pull-out couch for your support person. There is a chance the cervical ripening medication may put you into active labor.

Mechanical cervical ripening: A foley catheter bulb or Cook® dual foley ripening balloon is used for mechanical dilation of the cervical canal prior to labor induction at term when the cervix is unfavorable for induction. The balloon creates steady pressure on the internal and external cervical os. This is placed by your physician.

Pitocin®: Pitocin is a man-made form of the hormone oxytocin—a natural hormone found in your body. This medicine causes your uterus to contract. It is given through an IV and the dose is slowly increased until a satisfactory labor pattern occurs. Typically Pitocin is started the next morning after the cervical ripening medications have made your cervix soft and dilated.

Rupture of membranes (breaking your water): If your water has not already broken, your doctor may do this for you. Breaking your bag of water will also help start contractions. This is done with a small hook that makes a hole in the bag of water. Your cervix must be dilated enough to safely insert the hook, and the baby’s head well applied to the cervix before this is performed.

THANK YOU FOR CHOOSING MERCYONE

We look forward to caring for you during your labor and delivery. We anticipate your induction will be initiated as scheduled. However, because we never know how many spontaneous labor patients we will have, your induction may be slightly delayed. Patient safety is our first priority, and your induction will never be delayed without your safety and your baby’s safety considered first.

Your MercyOne medical team of nurses, obstetricians, perinatologists, neonatologists, pediatricians and anesthesiologists all strive for the best possible outcome for both you and your baby. Decisions for your care are based on you and your baby’s medical history and current health condition.

We encourage you to ask questions and contribute to your care.