PREPARING FOR A MEDICALLY NECESSARY INDUCTION

Labor induction is increasingly on the rise, however, even ACOG has a limited statement on what defines a medically necessitated labor induction. This is generally defined as gestation or chronic hypertension, preeclampsia, eclampsia, diabetes, premature rupture of membranes, severe fetal growth restriction, and post term pregnancy (post term dates are defined generally after 42 weeks gestation though protocols and practice style is often after 41 weeks). There are varying opinions in the birth world of what is truly medically necessary so always research your options and need.

Induction is not a quick fix or a guarantee, it only works sometimes and is more challenging than naturally occurring labor and is typically longer. I hope the suggestions and information can help you to be better equipped as to what is the best solution for you and your baby.

BISHOP SCORE

The Bishop score, aka cervix score, is a simple method that helps predict how likely it is a full term pregnant mama will achieve a vaginal birth if an induction is necessary. It can also help predict whether induction may be necessary. More information at: https://www.mamanatural.com/bishop-score/

	0	1	2	3
Dilation, cm	Closed	1-2	3-4	>=5
Effacement, %	0-30	40-50	60-70	≥80
Station*	-3	-2	-1,0	+1,+2
Cervical consistency	Firm	Medium	Soft	
Position of the cervix	Posterior	Midposition	Anterior	

Add a point for each that is true: you have preeclampsia or have had a previous vaginal birth. Subtract a point for each that is true: you have not have a prior vaginal birth or are post term (40wks or more). Add your score up and you'll get a number that is your Bishop Score. The higher your score, the more favorable your cervix is and likelihood of a successful induction. If your score is 5 or lower, consider asking about a cervical ripener first prior to induction. As lower numbers indicate it being less likely of an induction being successful.

IF YOUR CERVIX IS NOT RIPE FOR INDUCTION

Ripening is for a cervix that is not ready for using Pitocin for induction purposes (as seen in Bishop score above). Ask your care provider what your score is. If he or she does not use the Bishop scoring ask for the particulars of each of the five categories then you can use the table yourself. If you need cervical ripening prior to the induction, there are two common options (Cytotec or Foley Catheter) though there are more available (Cervidil) it is not widely used any longer.

- Foley Bulb or Cook Catheter (Ripening Balloon) is a mechanical ripening method that requires no medicine therefore has very little negative consequence related to the usage. The catheter is inserted in the cervix, then filled with saline to fill the end of the bulb and mechanically opens the cervix up to approximately 4 cm's while the catheter is in place. The mother will go home until the catheter falls out or will remain in the hospital overnight. The pressure from the catheter promotes continual prostaglandin release that encourages the effacement and works in conjunction with the mechanical dilation to open the cervix. When the catheter falls out, unless it prematurely dislodges the cervix is ripe and ready for induction (Pitocin usage). Sometimes the mother is already in early labor and may not require Pitocin or require less of it.
- The most common yet riskier method of cervical ripening is the use of Cytotec (Misoprostol). Cytotec is used in an "**Off-label**" manner (or the medication is being used in a manner not specified in the FDA's approved packaging label or insert) for ripening the cervix. ACOG has this to say in the revised new guidelines that include seven recommendations based on "good and consistent scientific evidence" — considered the highest evidence level — including one that sanctions 25 mcg of misoprostol as "the initial dose for cervical ripening and labor induction." The recommended frequency is "not more than every 3-6 hours." Though this drug has been shown to be successful for ripening it is not without concern, consequence, risk or controversy.

IF YOUR CERVIX IS RIPE FOR INDUCTION

The most common next step is the use of Pitocin to induce labor contractions.

What to expect:

- an IV with fluids running
- continuous monitoring
- limited mobility

The increased pain and stronger than usual contractions over a longer period of time associated with Pitocin use often leads women to ask for epidural anesthesia. **This is the perfect time to call me to come and support you if I am not already with you**. There are varying protocols, but the low-dose protocol is most often used today. Induction is not fail safe, you may or may not respond to "tricking" your body into labor. Your baby also may not respond favorably. In the event the induction fails or causes maternal or fetal distress or host of other complications, a cesarean delivery is the next step.

RETHINK HOW YOU PACK YOUR HOSPITAL BAG

Considering the length of time that you will be at the hospital, considering adding the following items to your birth bag.

- Movies (on your computer)
- Puzzles of all types
- Cards
- Games
- Books
- Laptop Computer
- Extra changes of clothing
- Extra food for husband, partner or labor support
- Extra cash
- Ear plugs and eye covering to make sleeping easier
- More comforts from home to be soothing such as a wireless speaker or a diffuser for EO

POINTS TO THINK ABOUT

- You are having a baby and need to do the work of labor completely at the hospital. ONLY allow those who can help you to be present, keep the chaos and interruption to a minimum. This is not a party.
- Turn off cell phones.
- Keep room comfortable, peaceful, and stress-free.
- **Having your water broken artificially does not mimic it naturally breaking.**
- Use the space provided and get on the birth ball, stand near the bed and sway, use rocking chair, have equipment moved closer to bathroom so you may sit on the toilet, use as many positions as possible to help baby negotiate and to help dissuade a mal-position.
- Induction increases the risk of a cesarean delivery becoming necessary whether from the induction failing (trying to trick a body into labor isn't as easy as it sounds), maternal/fetal distress or another complication may arise.

PLEASE confirm with your OB/Midwife at your appointment when an induction is booked, that if you end up having a cesarean you would like to have your doula, for support and as a professional photographer, in the OR with you and your partner/husband. It is not a guarantee, but the chances are greater when families advocate for me to be with them. It's a good thing to know **BEFORE** your induction begins if it is important to you so that you can prepare.

My hope is for you to be well informed, be confident to ask questions, be strong to make your own decisions, and thrive to a successful birth even if "Plan A" isn't an option anymore.