

What type of induction am I likely to have?

There are different ways to induce labour. To determine the best method of induction for you, your doctor or midwife will do a vaginal examination to check how ready your cervix is.

Based on this examination, they will recommend one of the following methods of induction:

- a hormone called prostaglandin
- balloon catheter
- artificial rupture of membranes (ARM)
- a hormone called syntocinon

The process of induction will vary for everyone. It may require one or a combination of these methods.

Methods of induction

Prostaglandins

Prostaglandin is a naturally occurring hormone that prepares your body for labour. A synthetic version has been developed to mimic your body's natural hormone. This hormone is placed in your vagina either as a gel or pessary (like a tampon) that works to ripen your cervix. Once the prostaglandin has been inserted, your baby will be monitored and you will need to stay in hospital.

Occasionally you may need more than one dose of prostaglandin. When the prostaglandin takes effect, your cervix will be soft and open and the next steps of your induction can start.

Some women may have their membranes ruptured ('waters broken') but this may happen naturally. Some women may require syntocinon to stimulate contractions.

Balloon catheter

Prostaglandins are not suitable for all women, for example, if you have had a previous caesarean section or a reaction to prostaglandins in the past. Your doctor may therefore recommend a

