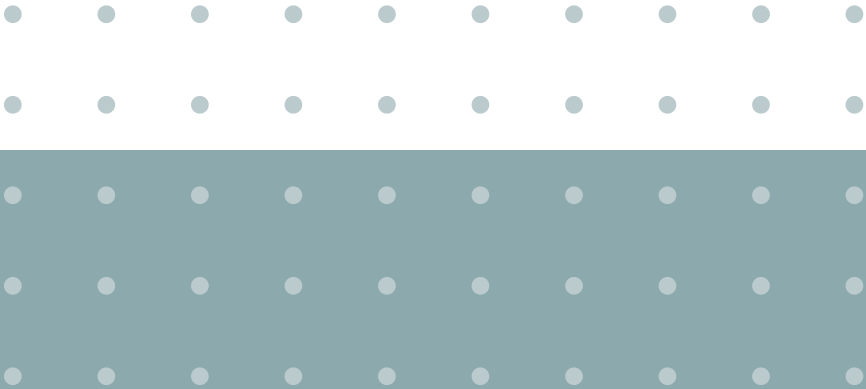




INDUCTION OF LABOR

*Presented by Alex
Stenstrom & Sarah Adkins*





01. REASONS TO BE INDUCED

02. CERVICAL RIPENING

03. PITOCIN

04. QUESTIONS/DISCUSSION

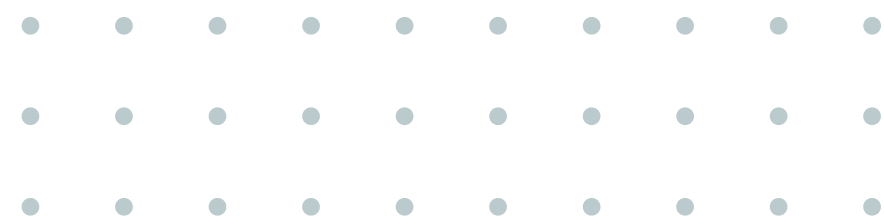


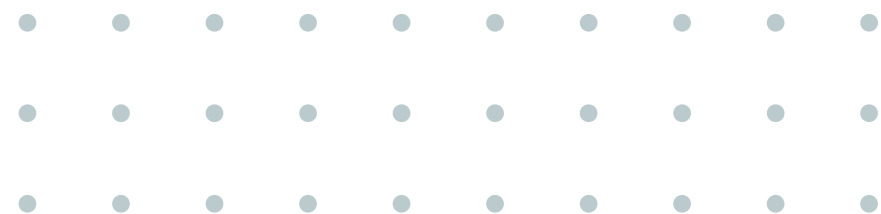
TABLE OF CONTENTS

REASONS FOR INDUCTION

- Pre-eclampsia
- Chronic hypertension
- Premature rupture of membranes
- Low amniotic fluid
- Fetal growth restriction
- Uncontrolled gestational diabetes
- Postdates (41 weeks)
- Twins
- Clinical intra-uterine infection
- After a successful external cephalic version (ECV)
- Advanced maternal age of 40 or greater
- Cholestasis of pregnancy
- Elective

INDUCTION OFTEN HAPPENS IN TWO PARTS

- Cervical ripening is first
 - Your cervix has to thin and soften before it can dilate - AKA, ripen!
 -
- Once your cervix is "ripe," usually 3-4cm, we can start the second phase of induction which is Pitocin through your IV access



CERVICAL RIPENING

- Cooks balloon
- Foley balloon
- Misoprostol (Cytotec)

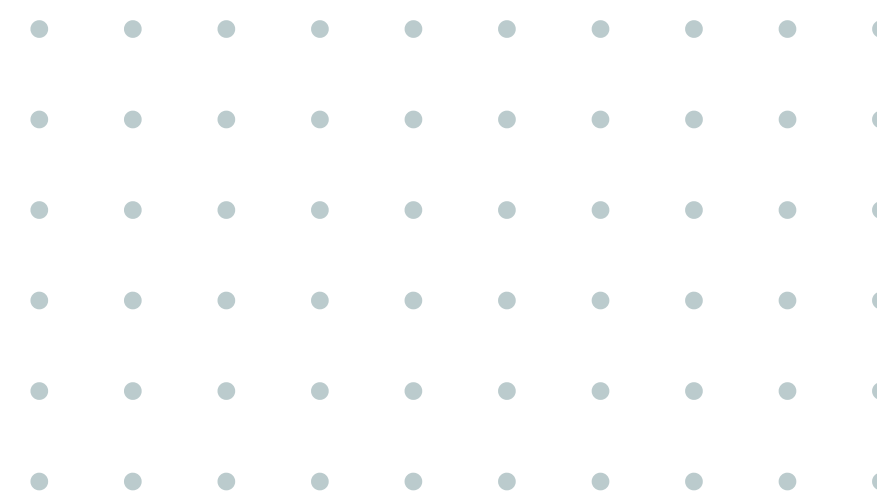
Can take up to 12-24 hours!

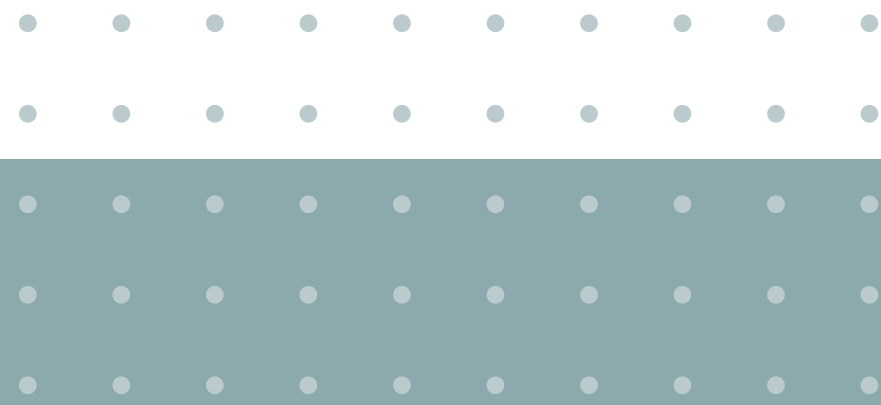




PITOCIN

- The synthetic form of oxytocin, the “love” hormone
- Through your IV access
- Brings contractions together!
- Dilates your cervix, brings baby into pelvis
- We start at a low dose and slowly titrate up
- Continuous fetal monitoring while on this medication





THANK YOU

Do you have any question?

