

More information about misoprostol

As misoprostol is not a Medsafe approved medication, we need to make sure you understand and agree to have this medication for your induction of labour.

Misoprostol was originally used for the treatment of stomach ulcers, but has been found to be very effective at starting labour.

Misoprostol has been used widely overseas and many international studies have found it to be safe and effective. It is now recommended by the World Health Organisation as the preferred method of induction.

Studies have also shown that induction of labour with misoprostol is more effective than other induction methods at reducing your chance of needing a caesarean section.

Misoprostol is linked to more cases of meconium being passed into the fluid around baby. This is probably due to misoprostol stimulating baby's gut and is not associated with any ill effect on baby.

Side effects of misoprostol include abdominal pain, diarrhoea and nausea, and occasionally headaches. However, at the low doses used to induce labour these side effects are rare.

What can reduce the need for an induction?

Membrane sweep (stretch and sweep)

This can be done by your LMC at home or in clinic, and is usually offered when you are 39-40 weeks pregnant. It involves having a vaginal examination where the membranes are gently separated from your cervix. Hormones are then released that may help to prepare your body for labour. Ask your LMC if a stretch and sweep is needed and the best time to do this.

Is there anything I can try myself?

There are a variety of alternative methods to start labour naturally such as long walks, sex, spicy foods etc. but none have any high level evidence to support them at present. If you are considering trying a home remedy discuss it first with your LMC.

More Information

1. Talk to your LMC
2. Look at the following resources:

[Induction of Labour in Aotearoa New Zealand: A clinical practice guideline](#)

[Inducing labour, pain relief, and help during birth | Ministry of Health NZ](#)

[Induction labour pamphlet \(ranzcof.edu.au\)](#)

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Induction of Labour

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What is induction of labour?

For most women labour starts naturally. Sometimes labour may need to be started medically. The process of medically starting labour is called induction of labour.

Why is induction of labour recommended?

Induction of labour is recommended if you are well past your due date (over 41 weeks), or if there are concerns about your pregnancy that mean it is safer for your baby to be born earlier rather than wait for natural labour. For some babies' induction of labour can reduce the risk of a stillbirth.

Your options

Your Lead Maternity Carer (LMC) and the obstetric doctor will explain why induction of labour is being recommended, the risks and benefits of this, and any alternative options available to you if you choose not to be induced.

You will have time to ask questions and consider your options before making a decision.

Methods for inducing labour

Misoprostol

This medicine is given as a small drink (2.5mls). It is given every 2 hours until you are in labour, up to 8 doses in one day. If you don't go into labour the first day, we start again around the same time the following day. Misoprostol causes your cervix to soften just as it does in normal labour and starts contractions. You need to stay in hospital when you are being induced with misoprostol. *Additional information specific to misoprostol is provided over the page.*

Breaking your waters

This involves breaking the membrane sac around your baby with a tiny hook during a vaginal examination. This can only be done if your cervix is dilated enough to allow this to happen.

Syntocinon drip

This is a medicine that is given through a drip into a vein and increased at regular intervals until your contractions become regular and strong. Your baby's heartbeat and your contractions are monitored continuously.

Balloon catheter

This is a small tube that is inserted through your cervix, and a small balloon is inflated which presses on your cervix and encourages it to dilate. It stays in for 24 hours or until labour starts. If your pregnancy has no complications, you may have the option of going home while the balloon is in.



Risks of induction of labour

Induction of labour does have some side effects and risks for you and your baby. It is not something that is recommended without good reason.

- As with all labours it is not possible to know how long it will take to get you into labour. It can take 2 hours or 2 days. Sometimes labour does not start at all
- Sometimes labour can happen very quickly causing a rapid birth
- Occasionally you can get sudden strong and very frequent contractions that can reduce blood flow to your baby. Both you and your baby will be closely monitored throughout the induction process and also once regular contractions start
- The labour pain sometimes builds up more quickly
- Induction of labour may increase your chance of needing a caesarean birth
- You have an increased risk of heavy bleeding following the birth.