SYNTOCINON INFUSION...

A naturally forming hormone called oxytocin is made by the body to cause the uterus to contract. Syntocinon is an artificial form of that hormone and mimics its action.

Syntocinon is often used in the induction procedure to start uterine activity or to make it more effective.

If you require a syntocinon infusion, your midwife or doctor will explain the procedure more fully to you.

A drip will be placed in your arm, and the specially prepared infusion will be given by a pump which carefully measures the amount you receive. While you are having the syntocinon, your baby’s heart rate and your contractions are monitored continuously.

Your midwife will encourage you to adopt various labouring positions to help make you as comfortable as possible.

Pain relief, if needed, is available to you, and your midwife will give you this information and discuss the options with you as necessary.

There is a need for women who have had a previous caesarian section, or more than four previous deliveries, to be carefully monitored when having an induction of labour procedure.

A rare side effect with a syntocinon infusion is over stimulation of the uterus, which may lead to further complications.

For this reason, we monitor both you and baby carefully.

If you have any questions or concerns, please discuss these with your Midwife or Doctor.

FEEDBACK...

We encourage feedback and assurance is given that comments will not adversely affect your current or future care.

You can do this:

- through discussion with MidCentral Health staff providing your care
- by completing “Tell us what you think...” pamphlets available from all services
- by contacting our Customer Relations Co-ordinator, PO Box 2056, Palmerston North or phone (06) 350 8980
- by contacting a Health and Disability Commissioner Advocate, phone 0800 112 233.

WOMEN’S HEALTH UNIT
PALMERSTON NORTH HOSPITAL
INDUCTION OF LABOUR...

Sometimes labour needs a helping hand to get started. There are various reasons for this, and your midwife or doctor will explain the reasons why an induction of labour is being discussed with you.

There are three main procedures involved in an induction. You may only require one of these procedures to induce labour, but you may require more. Each procedure will be fully explained to you.

- Prostaglandin Gel (a synthetic form of a naturally forming hormone).
- Artificial Rupture of Membranes (breaking of waters).
- Syntocinon Infusion (IV drip that contains synthetic hormone that stimulates the uterus to contract).

The induction process can be quick, or it can take one to two days before labour commences. Sometimes induction procedures may not be effective in initiating labour. In that case, you will be involved in further discussion with your midwife or doctor about ongoing treatment options.

Once you start the induction, generally you would stay in hospital until baby is born.

PROSTAGLANDINS...

We have naturally occurring prostaglandins, in our bodies, that play a part in the process of labour.

The prostaglandins that are given when you are being induced, are a synthetic form of the naturally forming prostaglandins. They help to soften the cervix and encourage the uterus to start contracting.

Your doctor or midwife will examine you internally and then place a small amount of prostaglandin gel or a prostaglandin pessary in your vagina.

You will need to stay on your bed for 30–40 minutes after the gel or pessary is inserted.

During this time, your baby’s heart will be monitored and any contractions recorded. Once this is completed, you will be able to move around freely.

Sometimes you will experience tightenings or cramping after the insertion of the gel. These pains may settle after some time, or they may progress to the regular pains of labour.

If labour hasn’t started within six hours following the prostaglandins, you will have another internal examination. Your midwife or doctor will assess your cervix and determine whether there has been any change. You may need another dose of the gel, or it may be possible to break your waters. This may encourage labour to start.

ARTIFICIAL RUPTURE OF MEMBRANES...

This is performed to stimulate uterine contractions and may be used in conjunction with prostaglandin’s and a syntocinon infusion. In this procedure, the waters in front of the baby (the fore waters) are ruptured by an amnihook (looks like a small plastic crochet hook). In most cases, it is not painful to have this done.

Following the procedure, the baby’s heart will be monitored for a short time.