

Pasientinformasjon Induksjon- Engelsk

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Information for patients who are getting an induction

Induction

The best starting point for a normal birth is when labour starts on its own.

However, sometimes we have to induce labour for various reasons, the most common of these being that the pregnancy is overdue. A pregnancy is considered overdue when it is at 42+0 weeks, i.e. 11 days past estimated due date. If your foetal membranes have ruptured (your "water has broken"), and you do not start having contractions within 24 hours, labour will also be induced. Sometimes there could also be a medical reason, either with you or the baby, that indicates labour should be induced.

It can be difficult, physically and emotionally, to be many days overdue, or you may struggle to sleep or experience pelvic pain toward the end of your pregnancy. You should be aware, however, that forceps or vacuum-assisted deliveries are more common with inductions, and there is an elevated risk of birth complications. That is why we do not recommend inductions if there is no medical reason.

Examinations

Before an induction, we monitor the baby's heart sound using CTG, which records the baby's heart rate and any uterine contractions, over a period of 20-30 minutes.

We also do an ultrasound if we need to assess the baby's size, the amount of amniotic fluid or other relevant aspects if it has been more than 14 days since your last ultrasound.

We do a vaginal examination to assess your cervix. This is to make sure we select the best induction method for you. We assess the length, softness, position and dilation of your cervix. This will determine which method is the right option for you. It is easier to induce labour if your cervix has ripened. This is why we sometimes wait a day or two if you and the baby are otherwise doing well.

Induction plan:

Day 1: Balloon catheter / break water, if possible

Day 2: Medication for cervical ripening /break water, if possible

Day 3: Medication for cervical ripening /break water, if possible

Day 4: Break water / or fast, in case of caesarean section

It can take a long time to induce labour. The process can take several days, and we use different methods to induce labour. There are several factors that determine which method we try first.

Foley balloon:

This is a device designed to induce labour. It looks like a catheter and has two balloons at the end. The device is inserted through your cervical opening, before the inner balloon is filled with approx. 80 ml of saline, and the outer balloon is filled with 60-80 ml of saline. This creates a mechanical pressure, which

softens your cervix, increasing the chances that your induction is successful and takes less time. The balloon is left inside your cervix until it falls out on its own, or, if it is still in place after 12-24 hours, it will be removed.

For most patients, we recommend that you go home after the Foley balloon has been inserted, but some patients may be asked to remain in hospital for medical reasons.

It is common to experience some bleeding in connection with the balloon being inserted. You may also feel some painful contractions, but these normally stop immediately after insertion. If the contractions don't stop, some of the water can be removed from the outer balloon, or, if necessary, from the inner one as well.

Cervical ripening:

In order to sufficiently ripen your cervix, you may have to take medication (prostaglandins). The medication comes as a pill you take every 2 hours, up to 8 pills per day.

How many doses you have to take to start having contractions varies, but the maximum is 2 days.

Some experience brief, frequent, at times painful contractions in connection with this treatment (contraction storm).

If you are healthy and your baby is healthy, you will normally be able to take these pills at home.

If you are allowed to leave the hospital, you will receive more information about this.

Breaking your water (amniotomy):

When your cervix has sufficiently ripened, a doctor or midwife may rupture the foetal membranes to break your water. This often leads to contractions starting. After 1-3 hours, we will assess whether you also need to be started on an intravenous drip (oxytocin) to stimulate contractions. If so, you will start on a low dose, which we can gradually increase until the contractions are strong enough to induce labour.

Links to more information:

Helsenorge.no: <https://www.helsenorge.no/en/childbirth/induced-labour/>

Kvinnehelsepodden, episode "Når fødselen må settes i gang", available on Spotify or Apple Podcasts (in Norwegian).

Follow-up:

Sometimes we have to postpone a planned induction because the maternity clinic has limited capacity. We have to make sure we have enough delivery rooms and staff available to assist you through your birth.