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## **Induction of Labor**

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Induction of labor frequently leads to further intervention in birth including the need for fetal monitoring, epidural anesthesia, instrumental delivery and cesarean section. Each of these interventions increases risks to babies and mothers.

First time mothers are especially vulnerable: Induction itself doubles a first-time mother's risk of having a cesarean section.<sup>1,2</sup>

A cesarean puts a woman's entire reproductive life, including subsequent pregnancies, at higher risk.

For all women, induction of labor increases the use of forceps and vacuum extraction as well as rates of shoulder dystocia.<sup>2,3</sup>

Women with a prior cesarean who are induced have a 33-75% risk of having another cesarean.<sup>4,5</sup>

Induction of labor has been shown to increase the risk of uterine rupture for women with a prior cesarean scar.<sup>6-9</sup>

Babies whose births are induced more often experience resuscitation, admission to the intensive care unit, and phototherapy to treat jaundice, which generally require separation from the mother.<sup>10</sup>

The American College of Obstetrics and Gynecology (ACOG) states that "Induction of labor for maternal or fetal indications remains an option for women undergoing TOLAC (trial of labor after



cesarean). However, the potential increased risk of uterine rupture associated with any induction, and the potential decreased possibility of achieving VBAC, should be discussed. Several studies have noted an increased risk of uterine rupture in the setting of induction of labor in women attempting a TOLAC.<sup>11</sup>

## **Conclusion**

While induction after cesarean is supported by peer-reviewed research, it is important to remember that every induction carries risks and those risks should be discussed with the consumer in an unbiased way.

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