Induction of labour without medical indication

01 What is it?

Induction of labour consists of bringing on contractions of the uterus to start labour, that is, the process that leads to the birth.

This sheet, given to you by Dr Gatri, is intended to supplement the explanations given during your consultation. Do not hesitate to ask her if you have any questions.

When there is no medical reason to bring on the birth, it is called, depending on the team, an induction "for convenience", a "routine" induction, or a "planned birth".

This sheet is based on the recommendations of the Haute Autorité de santé (2008) and on the patient information sheet of the CNGOF "Déclenchement du travail sans indication médicale" (2017), adapted to the practice of the clinic.

02 Why this procedure?

You wish to have your birth induced, or it has been suggested to you.

Induction has advantages for family organisation: the father being present, childcare, an unhurried journey to the maternity unit.

However, there is currently no proven medical benefit.

03 How does the procedure take place?

Two methods exist: a prostaglandin gel placed in the vagina, and an oxytocin drip (Syntocinon®), a product that brings on contractions, combined with rupture of the membranes. They may be used alone or one after the other.

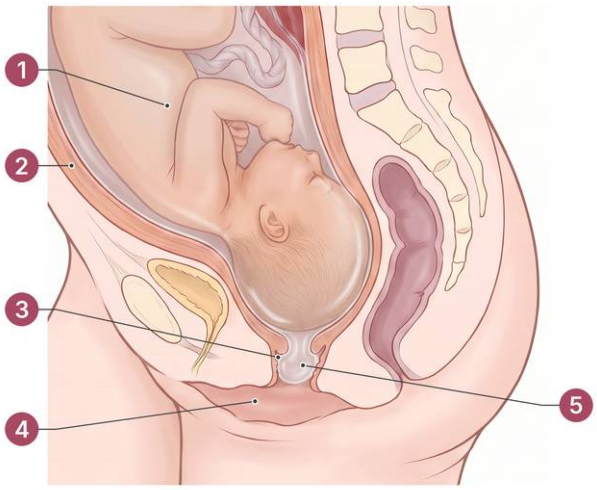

FIGURE 1 — Induction brings on contractions of the uterus to start labour; it is only done if the cervix is favourable (diagram, side view).

1. The baby
2. Uterus: induction brings on its contractions
3. Favourable cervix: softened and already slightly open
4. Vagina: where the prostaglandin gel is placed
5. Membranes: they may be ruptured (with an oxytocin drip) or swept by a finger passed inside the cervix

Side view (cross-section): the front of the body is on the left.

Diagram Wagram Clinic, 2026.

The most common method combines the oxytocin drip and rupture of the membranes.

A membrane sweep, done during a vaginal examination by passing a finger inside the cervix, can also bring on contractions that are sometimes enough to start labour.

The technique chosen will be explained to you.

The induction is carried out close to an operating theatre for caesarean sections. From the start of labour, your baby's heart is monitored continuously (continuous foetal monitoring).

While you wait for labour to be advanced enough for an epidural to be placed, if you would like one, other means of pain relief may be offered to you.

04 What the procedure does not guarantee

Induction without a medical reason does not, at present, bring any proven medical benefit.

Even when you wish to have it, the final decision is made by an obstetrician-gynaecologist or a midwife.

It may happen that the team cannot carry out the induction because not all the organisational and safety conditions are met.

A membrane sweep does not bring on the birth every time.

05 Risks and complications

When the necessary conditions are met, the length of labour, the possibility of a caesarean section and the condition of the baby at birth are no different from what they are in a birth that starts spontaneously.

As in a spontaneous birth, contractions of the uterus that are too strong, or a halt in the opening of the cervix that requires a caesarean section, may occur. These complications are a little more frequent when the induction takes place on a cervix that is not favourable.

A membrane sweep may be painful and cause bleeding. It does not increase the risk of infection, either for you or for your baby.

For any question about the risks in your personal situation, talk to Dr Gatri.

06 Alternatives

The other possibility is a birth that starts spontaneously.

Induction without a medical reason is a choice: after reading this information, you will be asked to confirm that you wish to have this planned birth.

If you asked for the induction, you can change your mind as long as it has not started.

If it was suggested to you for reasons of the maternity unit's organisation, you are free to refuse it, without this changing the quality of the care you will receive.

07 Contraindications

An induction without a medical reason is only carried out if all these conditions are met:

- a uterus with no scar;
- a due date known precisely;
- a pregnancy of at least 39 weeks of amenorrhoea (weeks since your last period), that is, about 8 and a half months;
- a favourable cervix, that is, softened and already slightly open;
- your request or your agreement, after being informed about how it takes place and its risks.

The final decision is made by an obstetrician-gynaecologist or a midwife.

08 Before the procedure

You will be admitted to the maternity unit, usually on the morning of the induction.

It is sometimes necessary to check by phone that the delivery room is available before you set off.

A recording of your baby's heart (foetal monitoring) is made just before the induction.

09 After the procedure and your instructions

For the rest of your birth and your instructions, ask Dr Gatri your questions during your consultation.

10 When to seek medical advice without delay

What should make you call without delay, before or after the induction, is to be discussed with Dr Gatri: do not hesitate to ask her.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.