Resource Document
Supporting Inductions

Inductions offer particular challenges to doulas and their clients. They are often long, multi-step processes; some of these steps might occur hours (or occasionally even days) before the client is experiencing labor intensely enough to require the presence of a doula.

Let's consider an example.
A client is told to come to the hospital at 6PM to begin an induction. After they arrive, they are under observation in triage for three hours, then wait in a labor and delivery room for two hours, then undergo cervical ripening for twelve hours, with no contractions, then begin a low dose of intravenous Pitocin. It takes four hours of slowly increasing the Pitocin dosage to establish a regular, progressing contraction pattern, after which it takes five hours for contractions to become active enough to necessitate significant physical support, after which it takes seven hours for the baby to be born, at 3AM, thirty-three hours after initial hospital admission.

This hypothetical story, which describes a relatively normal sequence of events that will sound familiar to any experienced birth professional,

shows how tricky inductions can become for doulas in terms of deciding when and how to provide support, and how to communicate with their clients about those decisions.

Here are some things that you will need to think about as you consider how to support induced labor...

Prenatal Education and Communication

Inductions often occur under somewhat stressful circumstances, with the suggestion of medical concerns about the birthing parent and/or baby, so it's not a great time for parents to have to take in and evaluate brand-new information. That's why it's a good idea, whenever possible, to provide parents with some general information about inductions prenatally, including reasons that induction may be offered/recommended, as well as a sketch of how the induction process may occur. Even if they do not necessarily remember all the details of what you say, just having been introduced to the vocabulary and concepts involved can be helpful.

You might also invite parents to open a conversation with their medical caregivers about induction protocols. Different medical caregivers and different hospitals tend to have different standard operating procedures for induction: Foley balloon? Cervidil (synthetic prostaglandin)? Cytotec (misoprostol)? Pitocin (synthetic oxytocin)? Knowing the specifics of their caregivers' practices ahead of time may help parents in asking questions and making decisions along the way.

It's also a good idea to give parents an idea of how doula support might work in the case of induction (and, more broadly, unusually short and long labors in general). In order to have that conversation effectively, you will first need to think the matter through yourself.

Potential Paths of Doula Support for Inductions

Speaking very generally, there are the three main ways you can approach inductions:

- **Stay the whole time.** The doula accompanies their client to the hospital or meets them as soon as they get there, and stays until the baby is born.
- **Come, and then go, and then come back.** The doula accompanies their client to the hospital or meets them when they get there, helps them get settled, leaves, and comes back when labor becomes more active or their support is required for some other reason. During the time that they are not physically present, the doula will be available for support via phone/text/video conference/etc.
- **Wait.** The doula waits at home and joins their client at a particular point in the process. This point might be determined by a specific medical event (for example, when the induction medication is administered), a specific labor event (for example, when contractions become regular), or via communication with the client about their situation and needs. During the time that they are not physically present, the doula will be available for support via phone/text/video conference/etc.

How do I choose which path to take?

The more births you attend, the more attuned you will become to this decision-making process. There are a few factors that could come into play:

- **Guidelines from your organization.** If you are providing doula care as an employee/contractor, you will want to check the guidelines of the organization you are employed by/contracting with. There are likely to be policies in place about how to manage a variety of situations, including induction. Note that if you take issue with any of those policies, then that organization is probably not the right one for you.
- **Your personal preference/style.** When you talk to experienced doulas, you may be surprised to find a wide variety of standard operating procedures: different doulas will often have remarkably different approaches to any given situation. You will have to find, through intuition, experience, and trial and error, what routines and approaches suit you best.

- **Practical/logistic/medical details.** Is there some reason to expect a more rapid onset of labor? (If this is not the client's first birth, for example, or if their cervix is already significantly dilated before the induction begins.) How far away is the hospital? Does the client have another birth partner besides you? There are a variety of fact patterns that might make you decide to join your client later or earlier than you might otherwise.
- **The client's preferences/state of mind.** Did the client articulate a preference during your prenatal conversations? Is the client extremely anxious/frightened/disregulated? While it is never only a question of simply doing what the client tells you to do, their preferences and needs will of course play a role in your decision making process.

See Doula Support for Short and Long Labors for more ideas about supporting the twists and turns that might accompany induction.