

Induction of labour

Maternity Department



Patient information leaflet

Your induction of labour has been booked for:

Date: **Day:**

Time:

Where to go:

St Catherine's Ward (01483 464147)

Delivery Suite (01483 464133)

What is induction of labour?

Labour is a natural process that usually starts on its own between 37 and 42 weeks. Sometimes labour needs to be started artificially; this is called 'induction of labour'.

Why might I be offered induction?

Most women have a normal pregnancy and go into labour naturally, however in certain situations it may be best to induce labour. This is done when it is felt that either your health, or that of your baby (or indeed both of you) will be compromised if the pregnancy continues. Approximately 1 in 4 labours are induced.

The most common reason for induction is to avoid a prolonged pregnancy, i.e. one which is longer than 42 weeks. This is because after 42 weeks it is possible that your placenta may not work as well as before and this could put your baby at risk. Your midwife or obstetrician will discuss this with you at your 38 week antenatal appointment, if not before.

If you are more than 34 weeks pregnant and your waters break but labour has not started on its own after 24 hours, you will be offered induction of labour. This is because once your waters have broken there is an increased risk of infection, which may put both you and your baby at risk.

If you are offered induction by a midwife or doctor, the reasons why should be explained, including a discussion of the risks and benefits, any possible alternatives and other sources of information which are available to help you make an informed decision.

Your midwife or doctor will arrange a time and date for you to attend the maternity unit for induction of labour. Occasionally it may not be possible to proceed with your induction at the time given due to the maternity unit being busy. If this does happen you will be made aware of the situation, and as soon as it is felt safe to proceed your induction will go ahead.

You should be given plenty of time to discuss induction with your partner or family before making a decision, and your healthcare professionals should support you in whatever decision you make. If you choose not to go ahead with induction, your midwife or obstetrician will discuss your care options with you.

How will my labour be induced?

There are a variety of methods that can be used to induce labour. You may be offered one or all of the following depending on your individual circumstances:

Membrane Sweep

Before you are offered induction, you should be offered a membrane sweep to help you go into labour before 42 weeks. This involves your doctor or midwife placing a finger into the cervix and making a circular, sweeping movement to separate the membranes that surround the baby, or massaging the cervix if this is not possible whilst performing an internal examination. It may cause discomfort, pain or bleeding, but makes it more likely that you will go into labour naturally. You should be offered a membrane sweep at your 40 and 41 week antenatal appointments during your first pregnancy, or your 41 week antenatal appointment if you have had a baby before. If labour does not start after this, you can ask for additional membrane sweeps.

What happens when I arrive at the maternity unit?

Before the decision can be made as to which method of induction is most appropriate for you, a vaginal examination is required to assess how ready your cervix is. If you are not ready to go into labour prostaglandins will be used. If you are ready the bag of water, or amniotic fluid, surrounding the baby, will be broken.

Prostaglandins

During induction, you may be given drugs that act like the natural hormones that kick start labour. These drugs are called prostaglandins. Prostaglandins are inserted into the vagina as a pessary (Prostin®), which is absorbed into the body, or slow release pessary (Propess®), which remains in place for 24 hours and is then removed. Which type will depend on whether this is your first or second baby and whether your waters have already broken. This usually takes place on the antenatal ward.

Your cervix is re-examined after 6 hours if you have had Prostin®, or after 24 hours if you have had Propess®. Your baby's heartbeat will be checked before the prostaglandins are given, after they are given and intermittently whilst on the antenatal ward.

Some women having their first babies with low risk pregnancies (no problems with the health of the baby or mother) and are over 42 weeks pregnant may be offered Outpatient Induction of Labour. Women who are suitable for outpatient induction are able to leave to hospital if they wish once they have received Propess® with a planned time to return to the Antenatal Ward if they do not labour. More information can be found in the Outpatient Induction Leaflet.

The aim of prostaglandins is primarily to "ripen" or open the cervix enough to break your waters. Prostaglandins are unlikely to start labour on their own particularly if this is your first baby or you are being induced earlier in pregnancy. These drugs can cause uncomfortable cramps and mild contractions. You may find it helpful to remain mobile and active during this phase of induction. Birthing balls and TENS machines can be brought in or provided on the ward. The midwives caring for you can also offer certain forms of pain relief during this time if required. During the night it may be helpful for you

to rest and get some sleep if you can. You may require several doses of the prostaglandins over the course of 2-3 days in order to open your cervix sufficiently to break your waters.

Artificial Rupture of the Membranes (ARM)

Following the administration of prostaglandins you will be re-examined to see if it is possible to break your waters. This is called an 'amniotomy' or artificial rupture of the membranes (ARM). This is done during a vaginal examination using a small plastic instrument and stimulates your contractions to start or strengthen. This procedure will cause no harm to you or your baby, and feels the same as a vaginal examination.

Following this you will be encouraged to move around or go for a walk around the hospital. If your contractions haven't started after 2-4 hours, the use of oxytocin will be suggested. Your waters will be broken in a delivery room on delivery suite.

Sometimes there may be a delay going to delivery suite if it is very busy. The midwife or doctor will keep you informed and monitor you and your baby closely on the antenatal ward if there is a delay.

Using oxytocin

Oxytocin is a drug that stimulates contractions. It is given through an infusion (drip) into a vein in your arm. Once the contractions have begun, the rate of the drip can be adjusted so that your contractions come every two to three minutes until your baby is born. Oxytocin is given on Delivery Suite.

Whilst you are on the drip it is advisable to monitor your baby's heart rate continuously. Wireless monitors are available on delivery suite on a first come first serve basis and you can still stand, kneel, sit or walk around. It is not possible to use the birth pool or showers whilst on the Oxytocin drip.

Is it more painful to be induced?

Induced labours are often more painful than spontaneous labours. You will be offered support and whatever pain relief is appropriate to you – in the same way as if your labour had not been induced. You will also be encouraged to use your own coping strategies for pain relief as well.

How long will it take?

It is very difficult to judge how long any labour will take, and induced labour is no different. It can take up to three days for labour to become established. Induction takes longer if it is done earlier in your pregnancy and if it is your first baby.

What are the risks of induction?

Induction may occasionally cause strong, very frequent contractions, which can stress the baby. Monitoring of both your contractions and the baby's heart rate is very important to ensure this is picked up if it does happen. Medication can be given to reduce the frequency of the contractions, although this is rarely necessary.

There is also an increased risk of an assisted delivery (using forceps or a ventouse) or a caesarean section.

Occasionally induction of labour does not work. If you don't go into labour after induction your midwife or obstetrician will discuss the possible options with you. They will check both you and your baby thoroughly and depending on your wishes and circumstances, they may offer you another round of prostaglandins. In some circumstances, you may be offered a caesarean section.

Further information and contact details

The choice of whether to be induced is yours. The doctors and midwives at the Royal Surrey are here to help you make an informed choice about induction, depending on your personal circumstances. We hope this leaflet has given you all the information you need on the reasons for and the risks and benefits of induction of labour however if you have any questions please discuss these with your community midwife, or contact the hospital midwives on **01483 464147**.



Induction of Labour Workshop

This workshop is for any parents to be who know they will be having an induction of labour. We advise you attend from 37 weeks pregnant, but you can attend at any point in your pregnancy. Topics covered include:

- What to expect on the ward and delivery suite.
- The process of induction. Ways of helping yourself and the process.
- What to bring.
- Pain relief options (natural and pharmaceutical).
- Colostrum Collection and handexpressing.

There will also be an opportunity to hire a TENS machine from the Physiotherapy department on the morning of the workshop.

You do not need to book, just turn up! The classes are held in the Parentcraft room in the antenatal clinic, Level B and will run EVERY Monday 10am–12pm.

Birth partners more than welcome.

Reference source

Clinical Guideline CG70 was used to assist in the production of this leaflet. This is a guideline written for health professionals by the National Institute for Health and Clinical Excellence (NICE). A copy can be found at www.nice.org.uk. A patient information leaflet is also available to support this guideline, via the NICE website.

Contact details

If you have any concerns please contact us.

Delivery Suite

Royal Surrey County Hospital

Telephone: 01483 464133

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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