

Patient Information

Induction of Labour

Induction of labour is the process we use to start labour artificially. We use different methods, which are explained below, to help your cervix to soften and open out and your uterus (womb) to start contracting. This leaflet is written to help you understand why labour is sometimes induced and what happens during an induction.



Why is labour induced?

Induction of labour is usually advised only when it is agreed mother and/ or baby will benefit from it.

The decision is usually made when there are thought to be fewer risks to mother or baby with induction, than if the pregnancy is left to continue.

Examples of common reasons for induction:

- When the pregnancy is 10 or more days overdue.
- Concerns about high blood pressure and/or protein in the urine (pre-eclampsia).
- Other concerns about mother and baby's health, for example when the mother has diabetes.
- When there are concerns that the placenta not working well, for example, if there is slowing of the baby's growth.

You should expect that the reasons for induction will be explained to you, if induction is offered.

How is Labour induced?

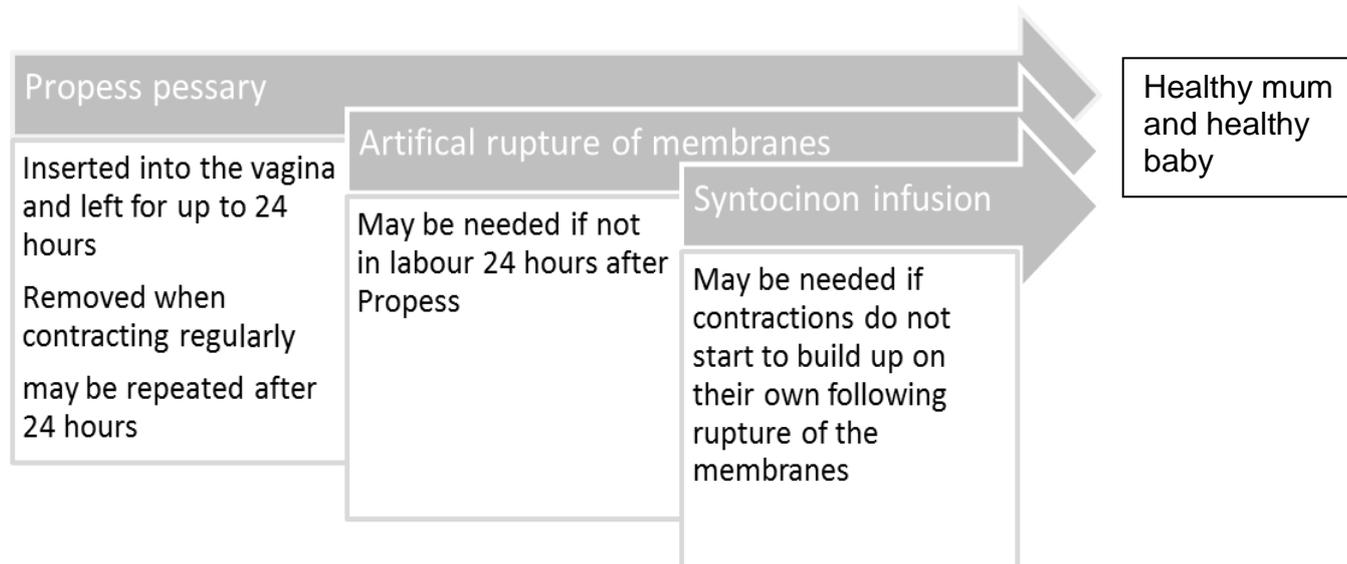
Stretch and Sweep

Membrane sweeping makes the chances of labour starting on its own more likely. A doctor or a midwife will perform a vaginal examination and place two fingers through the neck of the womb (cervix), stretching it and sweeping the membranes above. You might experience some bleeding and discomfort from this. As long as this is small in amount and your baby is moving like normal, it should not worry you.

You may be offered a stretch and sweep at 40 weeks if this is your first baby, or 41 weeks if this is not your first baby.

Medical Induction of Labour

Our inductions are carried out on the delivery suite. We use a number of methods during the induction process:



Delivery Suite can sometimes be very busy and this can sometimes mean that the next step in your induction can be delayed as we work to keep all the women and babies in the department safe. If there are delays in your induction process the midwife looking after you will come and explain why there is a delay to your treatment. You will be kept updated as to when we will be able to continue with your induction.

Propress Pessary

What is Propress and how does it work?

Usually the first stage of the induction process is to use 'prostaglandins', hormones which are usually produced by the body. These ripen the neck of the womb (cervix) causing it to soften, shorten and start to open. The Propress pessary contains a synthetic prostaglandin and is placed high into the vagina next to the neck of the womb. The pessary looks like a small flat tampon and has a tape attached which makes it easier to remove if needed.

What happens when I am given Propress?

For induction using Propress, you will be admitted to the delivery suite and your baby's heart rate will be monitored. Providing this is satisfactory a midwife or doctor will perform a vaginal examination to assess the neck of the womb and then insert the pessary. After you have had the medication, you will need to stay on your bed for an hour, during which time your baby's heart rate will again be monitored. After this you will be encouraged to walk about and eat and drink normally.

A member of the midwifery team will check on you regularly to assess contractions, pain, fetal movements and your general well-being.

Simple pain relief is available, as are birthing balls and TENS machines should you require them. Baths can also be very helpful to ease the discomfort of early labour.

The pessary remains in the vagina for up to 24 hours and can be easily removed when required – once labour is established or after 24 hours.

We ask you to take special care when wiping yourself after going to the toilet, after washing yourself and getting on and off the bed to avoid accidental removal of the Propess. If you think that the pessary has come out, please inform the midwife **immediately** as the pessary may need to be reinserted.

We also ask you to inform your midwife if you experience regular contractions (one contraction in every 5 minutes), if your waters break or you have any other concerns.

If I go into Labour with the Propess, what happens next?

If you are contracting strongly and regularly your midwife will remove the Propess and examine you internally. If you are more than 3cm dilated your labour can now be managed in the usual way. You may not need to have your waters broken or the syntocinon drip if you make normal progress in labour

What happens if I am not in labour 24 hours after the propess pessary is inserted?

You will need another internal examination at this stage. If your cervix has opened up to at least 2-3 centimetres dilated and the baby's head is well engaged (low down in your pelvis), your waters will be broken (see below under Artificial Rupture of Membranes).

If it is not possible to break your waters a second Propess pessary may be inserted if appropriate.

If you have questions at any time please ask the midwife looking after you.

Artificial Rupture of Membranes (ARM)

How are the Waters broken?

Once the cervix has opened up the next step in the induction process is breaking the waters, also known as artificial rupture of membranes (ARM). This is used to encourage the womb to contract so that labour begins.

You are examined internally and using a small plastic hook the membranes are caught and broken. Following this, the baby's heart rate is monitored for around 30 minutes. You will then be encouraged to get up and walk around to help labour start.

What happens after my waters are broken?

If you develop good contractions (3 or 4 strong contractions in a ten-minute period) then regular assessments will be carried out to monitor labour progress. These assessments include vaginal examinations (4 hourly) and monitoring your baby's heart rate.

If good contractions do not follow you will need a syntocinon drip to help you progress in labour.

Syntocinon Infusion

Syntocinon is an artificial form of the natural hormone, oxytocin, and is used to start or strengthen contractions for labour. It is given by a drip in your hand or wrist and is started at a slow rate. It is increased gradually until you are having regular contractions coming at the right strength. Once a syntocinon drip has started, your baby's heart rate will need to be monitored continuously until delivery.

How long will the induction take?

Induction can take between 24 to 48 hours. The amount of time varies from person to person. Some people go into labour very quickly, in others, it takes time. Please be prepared that it could take 48 hours to get to a point that you are able to have your waters broken or get into labour. Bring plenty to read/music/things to do and be aware that walking around is helpful too.

Are there any risks?

Like any drug or medical procedure, induction carries risks, which must be balanced against the potential benefits.

Some women may experience an unusual reaction to the medication and experience strong contractions without a break in between. This is called 'hyperstimulation' and can lead to disturbance in the baby's heartbeat. If this happens, a midwife and a doctor will come and explain what is happening. Sometimes medication is needed to reduce the contractions and this can return the baby's heart beat to normal. In some cases an urgent delivery by caesarean is needed.

Induction of labour can be associated with an increase in intervention in deliveries, such as requiring an instrumental delivery (e.g. forceps) or a caesarean section.

Occasionally, despite trying all the induction methods, labour may not begin. If this happens to you, a doctor will come and discuss the next steps with you. The options might include a caesarean section for the delivery or resting for a few days and starting the process again.

Your midwife or doctor will be happy to answer any questions or discuss any worries you have throughout the induction process.

Can my Partner stay with me?

Your partner is welcome to be with you throughout the induction process. Your midwife will be happy to discuss our 'partners staying overnight' policy with you. All other visitors are restricted to normal visiting times of 2.00 pm – 4.00 pm and 6.00 pm – 8.00 pm but you may not feel like having visitors if you are uncomfortable and/or tired so think carefully about what is right for you. You will be allowed to leave the ward for short periods during the induction process after discussion with your midwife.

Coming into hospital for induction

Your midwife or doctor will arrange a date for your planned induction. Please note that you may not be induced on this date as high activity on the unit may require your induction to be delayed. Inductions may also require prioritisation on the basis of clinical need. We do our very best to keep delays to a minimum, but we hope you will understand that these delays are for reasons of clinical safety of mothers and babies already present on the unit.

You will be asked to telephone the Delivery Suite on the date of your planned induction where you will be advised about the current status for your induction. This is to check if your admission may have to be delayed or to arrange an alternative time to attend. You will also be advised if any monitoring for you or your baby is required during this time.

Your planned induction of labour is on:

Date:

Time to call Delivery Suite: 08:30am

Please ring the Delivery Suite on **01423 553184/553185** on your planned induction date and ask to speak to the Delivery Suite Co-ordinator.

Further Information

For further information about induction of labour and all aspects of pregnancy and childbirth, please talk to your Midwife or Doctor.

References: NICE (2008) Clinical guideline – Induction of labour. For information about NICE clinical guidelines programme you can visit their website at www.nice.org.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.