

Patient Information

Outpatient Induction of Labour

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



Why is labour induced?

- Induction of labour is advised only when it is agreed mother and/ or baby will benefit from it.
- The decision is made when there are thought to be fewer risks to mother or baby with induction, than if the pregnancy is left to continue.
- This leaflet is for women who have a normal low risk pregnancy and have no obstetric or medical problems.
- Have access to transport and live no more than 30 minute drive from Harrogate District Hospital.
- Are 10 days past the expected date of delivery

Why offer an outpatient induction of labour?

This reduces the amount of time you need to stay in hospital before labour starts. It also allows you to stay at home while waiting for the induction to work and makes the process of going into labour feel more normal.

How is Labour induced?

Stretch and Sweep

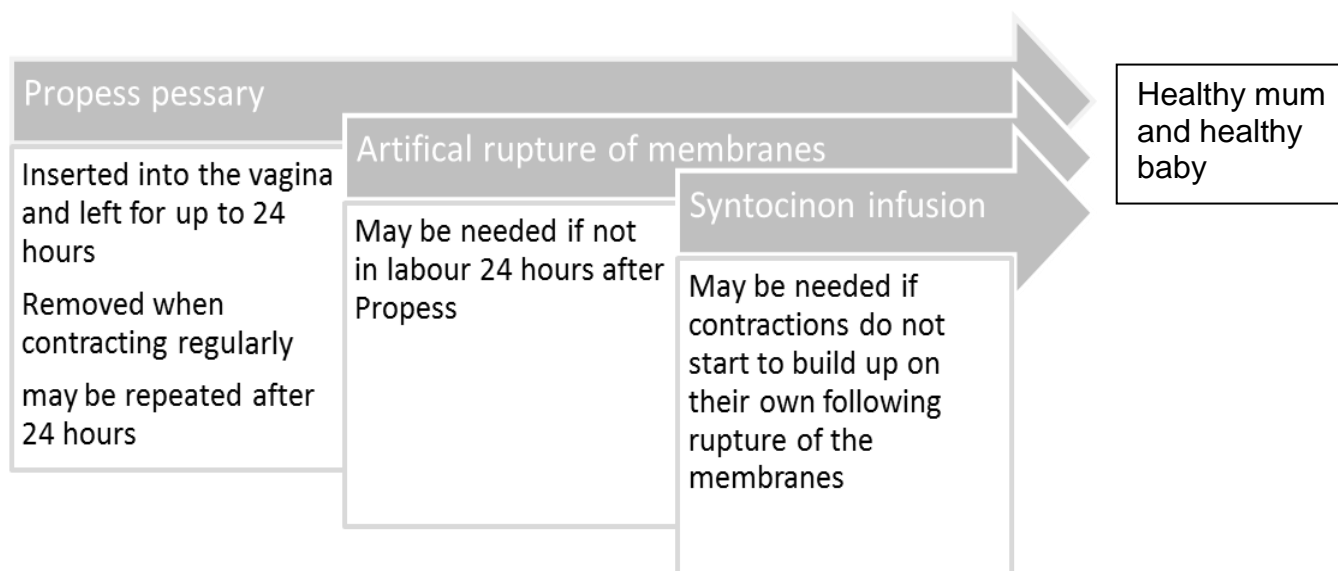
Membrane sweeping makes the chances of labour starting on its own more likely. A doctor or a midwife performs a vaginal examination. Two fingers are placed within the cervix, stretching it and sweeping the membranes above. You might experience some bleeding and discomfort from this. As long as this is small in amount and your baby is moving as normal, this is common and is not worrying.

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

At Harrogate we use a Propess pessary to start the induction of labour. This is usually the first step in the process.

The proceeding steps are illustrated below and you would be admitted to hospital for this.



Propess Pessary

What is Propess and how does it work?

The first stage of the induction process is to use 'prostaglandins', hormones which are produced by the body. These ripen the cervix causing it to soften, shorten and start to open. The Propess pessary contains a synthetic prostaglandin and is placed high into the vagina next to the cervix. 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 Propess?

For induction using Propess, you will be asked to attend either the Maternity Assessment Centre (MAC) or Delivery Suite. You will be given a date and time to attend.

Step One

You will have your observations taken and urine tested and the midwife will ensure you meet the criteria for an Outpatient Induction of Labour. The midwife will feel your abdomen and make sure baby is head down. She will perform a heart trace of your baby for thirty minutes using a CTG machine.

Step Two

Providing this is satisfactory the midwife will perform a vaginal examination to assess the cervix and then insert the pessary. After you have had the pessary, you will need to stay on your bed for an hour, during which time your baby's heart rate will again be monitored. Providing all of this remains satisfactory you will be encouraged to go home and await events to happen.

Step Three

At home you are encouraged to mobilise, eat and drink as normal. You may experience some period type pain, backache and tightenings and we would encourage the use of paracetamol, warm baths or a TENS machine if you have one.

The pessary remains in the vagina for up to 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 fallen out, please ring MAC or Delivery Suite for advice.

When should I ring?

We would ask you to ring MAC or Delivery Suite

- If you experience regular painful contractions (one contraction every 5 mins)
- Severe abdominal pain
- A run of painful contractions occurring more than 4-5 in a ten minute period
- If your waters break
- If you have any bleeding from the vagina
- If you have any concerns regarding your baby's movements

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

You will return to Delivery Suite approximately 24 hours after insertion of the pessary for reassessment. At this point you will be admitted to the Delivery Suite for the rest of the induction of labour process.

You will need another vaginal 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. You will need to remain in hospital for the remainder of the induction.

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 is breaking the waters, also known as artificial rupture of membranes (ARM). This is used to encourage the uterus to contract so that labour begins. You are examined vaginally and using a small plastic hook the membranes are caught and broken. This procedure is not painful, though the examination may be uncomfortable. 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 be offered 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.

Rarely, women may experience an unusual reaction to the medication and experience strong contractions without a break in between. This usually happens within the first hour after the pessary has been inserted. This is called 'hyperstimulation' and can lead to a disturbance in the baby's heartbeat. If this happens, a midwife and a doctor will come and explain what is happening.

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 further stretch and sweep, resting for a few days and starting the process again or a Caesarean section.

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 second pessary induction in order to keep mobile.

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 or given an appointment to attend MAC. 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:

MAC telephone number 01423 557531 (08:00-20:00)

Delivery Suite telephone number 01423 553184 (Outside of MAC hours)

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.