**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.

**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. This leaflet explains more about the process of induction of labour as an outpatient.

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**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.

Outpatient induction of labour is suitable for women who:

* Are 10-12 days past their expected date of delivery.
* Have had 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.

**What happens for an outpatient induction of labour?**

For induction using Propess, you will be asked to attend either the Maternity Assessment Centre (MAC) or Pannal Ward. You will be given a date and time to attend by your midwife.

**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 which will also be confirmed using a bedside ultrasound. 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 your 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 tightening and we would encourage the use of paracetamol 4-6hrly, warm baths, or a TENS machine and birthing ball 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?**

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| We would ask you to ring MAC or Delivery Suite   * If you experience regular painful contractions (one contraction every 5 minutes) * 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 * If you think your propess has/is falling out |

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

You will return to Pannal Ward approximately 24 hours after insertion of the pessary for reassessment. At this point you will be admitted to Pannal Ward to continue the induction of labour process as an inpatient there, so please bring your overnight bag and your TENS machine if you are using one.

You will need another vaginal examination at this stage. If your cervix has opened 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.

**How long will the induction take?**

The length of time that induction of labour takes can vary from person to person. Some people go into labour very quickly, in others, it takes time. Please be prepared that it could take 96 hours to get to a point that you are able to have your waters broken or are in 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 ‘hyperstimulating’ 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.

**Can my birth supporter stay with me?**

Your birth supporter is welcome to be with you throughout the induction process. You will be allowed to leave the ward for short periods during the second pessary induction in order to keep mobile.

**Please note:** Induction of labour is commenced on Pannal Ward where you may have your birthing partner with you 24hrs a day. If you are wishing for a second birthing partner to be with you, they can join you once you are transferred to delivery suite.

**Coming into hospital to start your induction**

Once induction has been discussed and offered to you, a date will be given. 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.

If you have not received a phone call by 09:30 on the morning of your planned induction date, please telephone Pannal Ward **(01423 553157)** 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.

**Helpful contact numbers during your induction**

MAC telephone number: 01423 557531 Monday-Friday 08:00-20:00)

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

Pannal Ward telephone number: 01423 553157

**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](https://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.