James Paget
University Hospitals
NHS Foundation Trust

Induction of Labour

Patient Information

When will I be admitted?

(Please note this is a provisional aim as commencing induction will be dependent on activity on the unit at that time)

Date _____

Time _____

❏ Ward 11

❏ Central Delivery Suite (CDS)

Please ring Ward 11 (01493 452011) or CDS (01493 452480) if you have any concerns or queries.

This leaflet has been designed to provide you with the information required to make an informed decision, with your clinician's advice, about whether induction of labour is suitable for you at this time. If you are unsure that you fully understand, or would like more information as to why induction of labour has been offered to you, please ask your midwife or doctor.

What will happen when I arrive on the maternity unit?

When you arrive a midwife will give you a full examination, this will include taking your temperature, pulse, blood pressure, testing your urine and examining your abdomen. Your baby's heart beat will also be monitored using an electronic machine. The induction of labour process will be explained to you. You and your birthing partner will be given the opportunity to ask any questions you may have.

What is Induction of labour?

In most pregnancies, labour starts naturally between 37 and 42 weeks' gestation, leading to the birth of your baby. Induction of labour or 'being induced' is a process that starts your labour artificially.

What is the normal process of labour?

During pregnancy, your baby is surrounded by a protective, fluid-filled membrane also known as the amniotic sac, containing amniotic fluid. Your cervix or "neck of the womb" is closed, thick and long at this time. Towards the end of pregnancy, your cervix softens and shortens. This is sometimes called "ripening of the cervix".

When your body begins to labour, your cervix will also start to dilate (open and widen). Everyone's body is different as to the rate that this occurs. Your waters may also break before or during labour, releasing the amniotic fluid which surrounds your baby, allowing labour to occur. Six in 10 women will go into labour naturally within twenty-four hours of their waters breaking.

During labour the womb contracts regularly as the baby's head moves further down into the pelvis and the cervix dilates. When the cervix is 10cms dilated, you have reached the second stage of labour when you are ready to give birth to your baby.

How is labour induced?

When you and your baby have been checked over you will need to have an internal vaginal examination to assess your cervix to see how ready you are to go into labour. Your care will depend on how soft and dilated (open) your cervix is when you are examined. This examination may be performed by a midwife or a doctor.

Membrane sweeping prior to induction

Prior to induction of labour your doctor or midwife may offer you a membrane sweep also sometimes referred to as a stretch and sweep.

Membrane sweeping involves your midwife or doctor performing a vaginal examination and placing a finger just inside your cervix and making a circular sweeping movement. This has been shown to increase the chances of your labour starting naturally within the next 48 hours and can reduce the need for other methods of induction of labour.

This procedure is usually offered to you as the first method to try and start your labour at around 40- 41 weeks. You do not need to come to hospital for a sweep; it is often performed by your community midwife at a routine antenatal check, either at home or in the clinic. We can offer up to three membrane sweeps to try and start your labour naturally.

The procedure may cause some discomfort and slight bleeding, but will not cause any harm to your baby and it will not increase the chance of you or your baby getting an infection.

When am I in established labour?

'Established' labour is when your cervix is 4cms dilated and you are experiencing regular, rhythmic contractions of the womb every few minutes. You may experience some irregular, mild contractions which are referred to as 'tightenings' prior to established labour.

You may only require one type of intervention; however, it is possible that you may require a combination of all the methods to get you into labour. The midwife or doctor will discuss your individual needs at each assessment. Please note that this can take several days, and delays are not uncommon depending on the activity on the delivery suite.

Formal methods of induction include:

1. Prostaglandin

Prostaglandin is a hormone that is naturally produced by your body and can help to start labour. We use two methods to deliver an artificial version of prostaglandin:

- A pessary known as "Propess®" is inserted into the vagina. It releases the hormone needed to soften your cervix slowly over 24 hours. There is a string attached to the pessary so that it can be removed easily after 24 hours, or earlier if you should go into labour or there are any concerns about you or your baby's health. If you have a low risk pregnancy, without the need for regular monitoring at this stage, you may be able to go home with the propess in place.
- A tablet known as "Prostin E2®" is inserted into the vagina. You have another vaginal examination six hours after the first tablet. At that time, if the cervix has not ripened enough to allow us to break your waters then a second tablet will be given. If your cervix is still not open and soft enough or "favourable" following this, a 24 hour rest and then a third prostin may be given after a review from a doctor.

Artificial Rupture of Membranes (ARM)

When you are examined, if your cervix is soft (approximately 3cms dilated) and your baby's head has gone down into your pelvis, then it may be possible to break your waters. This is done by using a small plastic hook which releases the water and allows the pressure of the baby's head to press on the cervix and stimulate contractions.

The procedure may be uncomfortable but it should not be painful. If you are on Ward 11 then you will be moved to the delivery suite for this to be done and will require at least a 30 minute fetal heart rate monitoring prior to this.

Sometimes, when you are examined again on delivery suite, **your cervix may have changed and it is no longer possible to break your waters.** In this instance, it may be necessary to have another prostaglandin. **After this you would be returned to the ward again until it is possible to break your waters.**

Once the doctor or midwife has broken your waters, the fluid will leak out until your baby is born. You may find that you start to have regular contractions after your waters have been broken. You are encouraged to move around to help start the contractions. The midwife will listen to your baby's heartbeat regularly and offer you pain relief if you require it.

Oxytocin (Hormone Drip)

Once your waters have broken we hope that your contractions will start. If contractions do not start within 2-4 hours, the doctor will usually advise that you have a hormone drip to help them start. This drip is a mild salt fluid with the hormone oxytocin added to it. Your body usually produces this hormone during the birth process to bring on the contractions. It is given through a tiny tube into a vein in your arm and once it is in place the midwife will monitor your baby's heart continuously using an electronic machine. You are still encouraged to be mobile and change positions regularly.

Non-Pharmacological methods of induction

Non-pharmacological methods such as herbal supplements, acupuncture, homeopathy, castor oil, hot baths, spicy foods, enemas and sexual intercourse have no available evidence to support their use as induction of labour methods.

When is induction of labour recommended?

When it is felt that your health – or your baby's health – is likely to benefit, the midwife or doctor will offer and recommend induction of labour. On average, approximately 1:3 women are offered induction of labour for various reasons, such as

- If your waters have broken for more than 24 hours
- If your pregnancy is prolonged, 40 weeks and 10 days
- Diabetes
- Pre-eclampsia, a complication in pregnancy that causes high blood pressure
- A large or small baby is detected on the ultrasound
- A change in the pattern of your baby's movements
- Any pregnancy induced or ongoing medical issues which would benefit from earlier delivery of your baby.

If your pregnancy is more than 41 weeks

Even if you have had a healthy, trouble free pregnancy, you will be offered induction of labour at around 10 days over your due date because from this stage the risk of your baby developing health problems increases. This is in line with National Institute for Clinical Excellence guidance (NICE).

What happens if I decide not to be induced?

If you decide to decline induction of labour you will need to have a consultation with a doctor to discuss the possible risks associated with continuing your pregnancy. It is important that we have a conversation with you to provide all the information and time that you need in order to make an informed choice.

You will require close and regular monitoring if you decline induction of labour. The risk of stillbirth increases from one in 1000 births at 42 weeks to two in 1000 births at 43 weeks. This is because research has shown that the placenta, which is supplying your baby with blood and oxygen, could become less efficient when pregnancy is prolonged to 42 weeks and over.

What are the risks of induction of labour?

Increased Discomfort – more frequent vaginal examinations and prostaglandin pessaries can be uncomfortable and cause soreness in and around the vagina. They can also cause painful tightenings that are not always indicative of labour, but mean that your body is getting ready for labour. Occasionally, if you are particularly sensitive to the prostaglandin pessary, too many tightenings can occur and can cause hyper stimulation.

Hyperstimulation – around 4-5% of inductions are complicated by hyperstimulation. Prostaglandins can cause the uterus to contract too frequently and this may affect the pattern of your baby's heartbeat. Having too many contractions can cause your baby to become distressed as they may not get enough rest between each contraction. This is usually treated by giving a drug that helps the uterus relax. However, sometimes this is not fully effective and if the uterus continues to contract too frequently, we may need to perform an emergency caesarean section to birth your baby safely.

Shoulder Dystocia – having your pregnancy induced can cause a higher chance of your baby's shoulders becoming stuck during the birth. This is an emergency known as shoulder dystocia which occurs in 0.4 % of all births and requires additional physical manoeuvres from the midwife or doctor to deliver your baby safely.

Instrumental delivery – there is a slight increase in the chance of requiring assistance from the doctor at time of birth with a suction cup, which may be referred to as a KIWI or ventouse delivery. Alternatively, forceps may be required to assist the birth of your baby.

Post-Partum Haemorrhage – there is an increased risk of heavy bleeding following the birth of your baby. This is known as a postpartum haemorrhage and is managed with drugs to help contract the uterus after birth and/or stitching of any trauma which may have caused the bleeding.

Failed Induction – sometimes, despite our best efforts, the induction process may not be successful in getting you into labour. If this happens you may require a caesarean section.

Cord Prolapse – during the induction, if an amniotomy is required, and your waters are broken with a thin plastic hook. There is a slight chance that the cord may drop (prolapse) through the open cervix into the vagina ahead of the baby. This can reduce the blood flow and oxygen to your baby and is considered as an emergency, which will require rapid delivery of your baby.

Uterine Rupture – this is when the muscular wall of the uterus tears during pregnancy or childbirth, most commonly from the scar of a previous caesarean section. This is a complication of induction. If uterine rupture is suspected at any point, the baby should be delivered by emergency caesarean section.

Vaginal Birth After Caesarean (VBAC)

If you have had a previous caesarean section delivery, you should have a detailed discussion with a senior obstetrician about the potential risks, benefits and success rate in your individual situation, and whether induction of labour would be appropriate for you. The scar on your uterus may separate and/or tear (rupture). This can occur in 1 in 200 women. This risk increases by 2 to 3 times if your labour is induced. If there are warning signs of these complications, your baby will be delivered by emergency caesarean section. Serious consequences for you and your baby are rare (RCOG, 2016, Patient Information Leaflet).

How long does it take to induce labour?

It is difficult to predict how long your induction of labour will take because it will depend upon which method of induction is used as every birth is different. The neck of the womb has to be soft and open before the labour starts. Some women may be quicker than others and some women may take several days to establish in labour. It is important that we do not rush the induction process to allow your body and your baby to adjust to the changes happening.

There are occasions where the maternity unit is very busy and for your safety and the safety of your baby your induction may be delayed. The staff on ward 11/delivery suite will try to keep delays to a minimum, and if a delay should occur staff will keep you fully informed about when you might expect to have your labour induced. There are also occasions in which you may be transferred to delivery suite to continue your induction, but on arrival an emergency may occur or activity suddenly increases which may mean transfer back to Ward 11 to prioritise safety for all of our women and babies.

Will I be able to eat and drink?

You can eat and drink normally until you start to go into labour or the hormone drip starts. Please check with the midwife if you are unsure.

Can I move around once the pessary has been put in?

After the pessary has been inserted you will be asked to lie on your bed for 30 minutes. This will allow the pessary to absorb moisture from your vagina, which will make it swell and prevent it falling out. When this time is over you may move around as normal. Staying active will help the process of induction of labour.

What pain relief will I be offered?

It is recognised that the induction of labour process can be more prolonged and uncomfortable. Depending on which stage of the process you are in, your midwife will advise and offer you pain relief as appropriate which can include; simple analgesia such as paracetamol and codeine, pethidine injection and epidural. Please speak to your midwife for more information regarding this.

Can I still use the midwifery-led birthing unit (Dolphin Suite) if my labour is induced?

There are many women who are still able to deliver on the dolphin suite who have had their labour induced. However, if you need the oxytocin drip or have any other risk factors which mean we have to continuously monitor your baby's heart beat to ensure its well-being, then delivery suite would be the most appropriate place for doctors and midwives to care for you.

Can I go home once induction has been commenced?

Some low risk inductions with no other complications, may be able to go home for approximately 24 hours following insertion of Propess®, then return to the maternity ward for the rest of the process. If you would like any further information regarding this please speak to your midwife/doctor and see the separate leaflet for outpatient induction.

What will I need to bring with me?

- Your maternity notes
- Clothes, nightclothes, toiletries, slippers, sanitary towels
- You may want to bring books, magazines, music or games to keep yourself busy
- It is recommended that you pack a separate bag for your baby's items which your birthing partner can bring into the hospital when you're in labour as space on the ward is limited

Can my birthing partner stay with me?

When inducing labour it is recommended that partners stay for 'twilight hours', up until midnight, if they wish and then go home and get some rest before you go into full labour so that they can support you when you need it most. Outside of these hours we need to prioritise the comfort and safety of the whole ward and have no facilities for partners to stay overnight – therefore we regret that we cannot offer this service.

When you are established in labour and are transferred to the delivery suite your partner can remain there with you for as long as you are there. If you are transferred back to the ward between the hours of 9pm and 9am your partner will be asked to go home.

Colostrum

During your pregnancy, your body starts to produce the first milk known as colostrum, which contains all the nutrients your baby needs as well as many health benefits, such as reducing the risk of jaundice and infection. It is present in a very small volume, therefore some women may wish to hand express colostrum from their breasts prior to delivery. It can then be stored and ready if your baby requires any additional milk. This can also be beneficial to get feeding off to a good start. Whichever method of feeding you choose, please speak to your midwife if you would like any further information or assistance.

Please discuss any further questions you may have about induction of labour with your doctor or midwife.

Write any questions you have below:

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

Trust Values

Courtesy and respect
- A welcoming and positive attitude
- Polite, friendly and interested in people
- Value and respect people as individuals

So people feel **welcome**

Attentively kind and helpful
- Look out for dignity, privacy & humanity
- Attentive, responsive & take time to help
- Visible presence of staff to provide care

So people feel **cared for**

Responsive communication
- Listen to people & answer their questions
- Keep people clearly informed
- Involve people

So people feel **in control**

Effective and professional
- Safe, knowledgeable and reassuring
- Effective care / services from joined up teams
- Organised and timely, looking to improve

So people feel **safe**

IN TRAN communication for all

The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

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