



Induction of labour

An induction of labour has been booked for you on:

This will take place at (please circle):

Delivery Suite (Ward 27)

Ward 25

If you have any questions, please call Antenatal Clinic, Fetal Assessment unit or the Wards.

Contact Numbers:

Delivery suite: 01922 656283

Antenatal Clinic: 01922 656577

Fetal Assessment Unit 01922 656249

Primrose Ward: 01922 656425

This leaflet is designed to give you information on what induction of labour (IOL) is, how and why it is performed, what some of the benefits and disadvantages are, and to answer some of your questions.

If IOL is offered, the midwife or doctor will explain the reasons why this is advisable for you. They will make sure that you understand the risks and benefits and will answer any questions you may have.

What is induction of labour and why am I being offered it?

An induction of labour is when we attempt to start labour artificially. In the UK, approximately 20% (20 out of 100 women) will have their labour induced.

There are many reasons why you may be offered an induction of labour. Some of these include:

- Prolonged pregnancy. This is called a 'post-dates induction' where your pregnancy has gone beyond its due date by 10-12 days.
- The pregnancy is affected by a medical condition such as high blood pressure or diabetes.
- Multiple pregnancy.
- Aged 40 or over.
- There are concerns that the placenta is not working well, for example, if there is slowing of the baby's growth.
- The membranes (water around your baby) have broken; labour will often start when this happens, but in some cases it does not. Your midwife will advise you in this situation.
- If you have been booked under midwifery care, your care will be transferred to a consultant if you need IOL – but a midwife will still care for you in labour.

We prefer labour to start naturally but offer induction when the benefits for you and your baby are greater than risks. Our priority is the continued well-being and safety of you and your baby, and the decision to induce is never taken without discussing it with you fully.

Can anything help bring labour on naturally?

A membrane (cervical) sweep makes natural labour more likely and reduces the need for induction. This has been shown to increase the chances of labour starting naturally within 48 hours of having this done and can reduce the need for other methods of induction of labour.

Membrane sweeping involves you having a vaginal examination whereby your midwife or doctor places a finger just inside your cervix and (neck of the womb) makes a circular, sweeping movement to separate the membranes from the cervix. It can be carried out at home, at an outpatient appointment or in hospital. If it is your first baby this will be offered at both 40 and 41 weeks of pregnancy. If it is not your first baby it is recommended at 41 weeks of pregnancy.

You may find the internal examination uncomfortable and you may experience some bleeding similar to a 'show' following the procedure. This is normal and will not cause any harm to your baby nor will it increase the chance of you or your baby getting an infection. This is because the internal examination involves stretching your cervix.

How will I be induced?

There are many different ways labour can be induced and the method will depend on different factors which include your pregnancy, medical background, as well as the findings from the vaginal examination which will reveal how soft and open your cervix is.

When you arrive the midwife will show you to your bed, and check your blood pressure, temperature and pulse. The baby's heartbeat will be monitored electronically for about 30 minutes.

Cervical ripening

Inserting a hormone (called prostaglandin) into the vagina to soften the cervix, or neck of the womb.

There are two types of prostaglandins. The method we choose will depend on the reason you are being induced, as well as your previous pregnancy history:

- **Prostin gel** (1 or 2mg dinoprostone) prepares the cervix for labour. It is inserted into the back of the vagina and works over a six hour period. You may need more than one dose of the gel if the cervix is still not dilated enough.
- **Propess pessary** (10mg dinoprostone) is a tablet that is attached to a ribbon, similar to a tampon, which is placed inside your vagina. The pessary slowly releases prostaglandins over a 24 hour period and prepares the cervix for labour.

Once the prostaglandin is inserted we like you to walk around to help encourage labour, and you can also still shower, eat and drink normally. It is important to remember that your waters may break or your contractions may start naturally at any time during induction.

Dilapan is a rod that gradually absorbs fluids in the cervix, and increases to a predictable size which dilates the cervix and also makes your body release hormones that naturally ripen the neck of

your womb. Once your cervix has ripened we will be able to break your waters.

Dilapan can also be offered to you for induction of labour in the following circumstances:

- If attempts to induce your labour using medications have not worked.
- If the medications which are used for induction of labour pose an increased risk of rupturing your womb (for example women who have had multiple previous deliveries) or a previous Caesarean section.

Artificial Rupture of the Membranes (ARM)

This is also known as 'breaking the waters,' and can be done if the cervix has started to ripen and dilate either by itself or by using Prostaglandin gel. A small hole is made in the membranes using a slim plastic instrument during an internal examination performed by the midwife/doctor. Having the membranes broken should encourage more effective contractions. This will cause no harm to your baby, but the vaginal examination needed to perform this procedure may cause you some discomfort. Even if you are known to carry the bacteria Group B streptococcus it will still be necessary to break your waters in this way. Please be aware that if Delivery Suite is busy, and no midwife is available to perform this procedure your induction will be delayed until a midwife is available.

Oxytocin (Syntocinon)

Sometimes Prostaglandin and/or breaking the waters are sufficient to start labour, but some women require a hormone called Syntocinon. This drug is given using a drip into a vein in the arm. It causes the womb to contract and is usually used after the membranes have broken either naturally or artificially. The dose can be adjusted according to how your labour is progressing. The aim is for the womb to contract regularly until you give birth. When using this method of induction, it is advisable to have your baby's heart rate monitored continuously using a CTG. The contractions can feel quite strong with this type of induction, but the midwife will be able to discuss with you how you are coping and give you information about different methods of pain management.

It is important to note that the induction procedure can sometimes take a number of days.

Can I choose not to be induced?

If you do not wish to be induced at this time, you should tell your midwife or doctor. However, it will be recommended to you that you attend the hospital for the midwives to check how you are and how your baby is. This may be done using the CTG, and may involve you having a scan to check the water around your baby. How often you come to the hospital depends on your situation, and the midwife and the doctor will discuss this with you.

Is it painful?

Labour pains usually start slowly and build up to become closer together and more painful towards birth. Women describe labour pain in different ways. The pain you experience with Prostaglandin is likely to be similar to the pain in early labour. As your labour establishes, the pain will become stronger. You will always be cared for by a midwife, and she will support you in your choice of coping skills and pain management.

What are the 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 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 section 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.

Why might my induction be delayed?

On occasion, the maternity unit can become very busy. We understand that delaying your induction can be very upsetting and distressing; however our priority is to provide a safe unit for both you and your baby.

In some circumstances, we may have to delay your induction by 24-48 hours, or ask you to come in at a later time in the day. If your baby requires a neonatal cot, the delay can even be a few days when a cot becomes available.

If your induction is delayed and you have questions surrounding this, please ask to speak with a senior midwife or obstetrician on duty.

Can I have someone with me?

Someone can come with you when you have your induction.

However, if you are not in established labour during the evening, your birth partner will not normally be able to stay overnight. This allows both you & your birth partner to try & rest.

What happens if my induction does not work?

If you do not go into labour with the different methods, your midwife and obstetrician will discuss the options with you and your partner. Depending on your pregnancy and your overall health, the options will differ but can include:

- Caesarean section.
- 24 hour rest – in some cases we will stop the induction, rest your body for 24 hours and then start the induction process again.

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