

## Induction of labour

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This leaflet explains what induction of labour is, why it may be needed, what the risks and benefits are and what to expect if you are induced.

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### What is induction of labour?

In most pregnancies labour starts naturally between 37 and 42 weeks, leading to the birth of your baby. Up to one in five women will be admitted for induction of labour in the UK. (NICE July 2008). Induction of labour is a process designed to start labour artificially.

### When is induction recommended?

When it is felt that your or your baby's health is likely to benefit, you may be offered induction. There are a number of reasons why induction may be offered and recommended. For example, if you have diabetes or pre-eclampsia (high blood pressure).

If you are healthy and have had a trouble-free pregnancy induction of labour will normally be discussed with you at 38 weeks of pregnancy by your community midwife, although most women will go into labour naturally and will not require an appointment for induction. If you are still pregnant at 40 weeks, induction of labour will be offered to you at 40 weeks plus 12 days of pregnancy (i.e. 41 weeks and five days).

If you are age 40 years old or more (at the start of your pregnancy) then your obstetrician (doctor specialising in pregnancy and birth) will offer induction of labour close to the date your baby is due.

### If your pregnancy is more than 41 weeks

Even if you have had a healthy trouble-free pregnancy, we will offer you an induction of labour at 40 weeks plus 12 days, because after 42 weeks the risk of stillbirth increases (to about 1 in 500) For mothers aged 40 years old or more (at the start of the pregnancy) this risk increases slightly earlier, at 40 weeks onwards so induction of labour will be offered around your due date. Induction of labour does increase the chance of you needing a Caesarean section. If it is your first pregnancy there is a 1 in 3 chance you will be delivered by Caesarean section following induction. If it is not your first baby, this figure is 1 in 12 (RBH local statistics). For women whose labour starts naturally, for first time mothers the chance of caesarean is 1 in 9 but for those who have previously given birth vaginally (even if Ventouse or forceps), only 1 in 25 will have their next baby born by Caesarean.

If you accept an induction of labour, the disadvantages can be that it may take longer to go into labour, sometimes taking up to 48 hours or more; there is also a small risk that the induction process will make your baby distressed, so continuous monitoring of your baby's heart rate is advised when labour commences, and dependent on the drug being used to induce your labour; induced labours can be more painful; you are more likely to need an assisted delivery (ventouse or forceps) or a Caesarean section

An ultrasound scan in early pregnancy (before 20 weeks) can help to determine your baby's due date more accurately. This reduces your chances of unnecessary induction due to incorrect dates.

If you choose not to be induced at this stage, then from 42 weeks you will be offered:

- Alternate day checks of your baby's heartbeat using a piece of equipment called an electronic fetal heart rate monitor (CTG or cardiotocograph).
- Twice weekly ultrasound scans to check the depth of amniotic fluid (or 'waters') surrounding your baby.

These tests will help us to monitor the health of your baby.

### Membrane sweeping

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 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 because the internal examination involves stretching your cervix. 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.

### What does induction involve?

All mothers will be admitted to the Induction of Labour Suite on Marsh Ward Level 4 (IOL suite) where you will usually remain until you are transferred to the birthing environment for ongoing labour care. 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.

The midwife will examine you internally to see if the neck of the womb (cervix) is open or ripe and advise you of the recommended method of induction.

### Using cervical ripening balloon (CRB)

If the cervix feels closed it needs to be ripened before we can induce your labour. This can be done by using a hormone pessary (see prostaglandin below) or a drug free method. The cervical ripening balloon is a drug free device which is gently passed through the cervix.

Two balloons are then inflated with saline so that gentle pressure is applied to both the inside and outside of the cervix. The tail of the balloon can be tucked into your underwear and you may wish to wear a second pair of pants so that it can be tucked in comfortably between the two.



Over a period of 12 to 24 hours this gently softens and opens the cervix so that it is ready for the next stage. You may experience some mild-moderate period like cramps following insertion, however this method of cervical ripening is unlikely to cause any uterine contractions or start labour and therefore you are free to mobilise or rest as you wish once the balloon has been inserted.

You may find the process to insert the balloon a little uncomfortable however your midwife will offer you entonox to use if you wish. You may also experience

some abdominal discomfort usually 2-3 hours after the balloon is inserted and you will be offered some simple pain relief. This should settle after a few hours, but if it doesn't then please speak to the midwife who will be able to advise you.

It's very important to make sure you can empty your bladder every 3-4 hours and we would encourage you to eat and drink as normal.

If the balloon falls out within 24 hours, it has done its job and you are ready to have your waters broken. Otherwise, the balloon will be removed between 12 and 24 hours after it has been inserted and you will be assessed and have your waters broken. There needs to be a room on the delivery suite and a midwife to provide one to one care at this stage which is why there is sometimes a delay until this can be facilitated.

You may need to have your legs in the stirrups in order to have your waters broken but you will again be offered gas and air to breathe to help you to relax. For some women it may not be possible to break your waters after the balloon is removed. We will then talk to you about the next course of action which may be to offer you one of the pessaries as described below.

### Going home following insertion of CRB

If your pregnancy has been uncomplicated and you have just been under the care of your community midwife and GP, then following insertion of the balloon, and if you and your baby are well, the midwife can offer you the option of returning home to await the next assessment.

You will need to have your own transport available and a responsible adult with you at home at all times

Please make sure that the hospital has your correct contact details before leaving the hospital including your phone number. The midwife will make arrangements for you to return for the next assessment.

You will be asked to return to the hospital after 12 hours. Here a wellbeing check will be completed for you and your baby and we will aim to remove the balloon. Prior to you returning, the midwife will liaise with the delivery suite coordinator to see if there is capacity for us to continue with the induction at this time and therefore we are able to remove the balloon. If we are not able to do so, such as in cases where the unit is busy, we will leave the balloon in place until we are able to transfer you to delivery suite, or you reach 24 hours post insertion. In these

cases, as a bed space will be available for you on the IOL Suite, you would be welcome to stay on the ward, however you may return home again if you particularly wish to.

If the balloon falls out whilst you are at home, please contact the Induction midwife to arrange an earlier assessment.

You must telephone the IOL Suite if you experience any of the following:

- You start contracting (more than period-like cramps)
- You are unable to pass urine
- Your waters break
- The baby is not moving as usual
- You feel unwell
- You have a raised temperature or flu like symptoms
- The balloon falls out
- You are worried for any reason

Please phone the induction midwife on 0118 322 7825. If you are unable to get through to the midwife, please call the triage line on 0118 322 7304

### Using prostaglandins

This is an alternative method of preparing your cervix using a drug. The pessary contains Prostaglandins that are released at a steady rate. This should start to soften and open the cervix.

The pessary looks like a small tampon and has a long tape attached to it, which enables the midwife to remove the pessary after 24 hours has passed. The tape may be tucked into the vagina so you should be careful not to pull on it.

You will be asked to lie on your side for 30 minutes following insertion of the pessary. This allows the pessary to absorb moisture from your vagina, which will make the pessary swell and prevent it from falling out. After this time, you will be able to move around as normal.

24 hours after insertion of the pessary, the midwife will check if your cervix has ripened and remove the pessary. If it has, you are ready to have your water's broken. This will be done as soon as a midwife and room on the delivery suite are available. Please note there may be a delay if there is no midwife or delivery room available.

If after 24 hours your cervix is not open the pessary will be removed and the midwife will discuss further treatment with you and arrange for you to see a doctor. The options at this time would be a further attempt to induce labour with a second propess pessary and potentially a Prostin gel or delivery by Caesarean section.

Please inform the midwife if the colour of your vaginal loss changes, if you experience any bleeding or if you start to have contractions.

While the Propess is in place and after it has been removed, please continue to eat and drink normally until you go into labour or are transferred to delivery suite

### Possible side effects of using prostaglandins

Some women have very minor side effects. Most women do not experience any pain until contractions begin, however some women do experience period type pains. This is normal and it is an effect of the hormone in the pessary. You may have some nausea or diarrhoea. Thousands of women have been studied using this method of induction and it has been found to be safe for both mothers and their babies. Some women experience very frequent contractions; this is called hyperstimulation. If this occurs, it may be necessary to remove the pessary. In rare cases this may cause the baby to become distressed and delivery by Caesarean section may be necessary.

Some women will be offered the opportunity to go home, but some will need to stay in the Maternity Unit. The midwife will discuss this with you. The midwife will check your blood pressure and pulse and listen to the baby's heartbeat every 4 hours.

If the string from the pessary comes out of your vagina, you must be careful not to pull or drag on it, as this may cause accidental removal of the pessary.

### Please take special care

- When wiping yourself after going to the toilet.
- After washing yourself.
- Getting on and off the bed.

In the unlikely event that the pessary should come out, please inform the midwife immediately. The pessary will need to be reinserted.

### Inform the midwife if:

- You experience regular contractions (1 contraction in every 5 minutes).
- Your waters break.
- You are worried.

### Information for women who go home following Propess

You are able to go home if you have no additional complications and have your own transport available. It is important that a responsible adult will be with you at home at all times.

Please make sure that the hospital has your correct contact details before leaving the hospital including your phone number. The midwife will make arrangements for you to return the following day.

You must telephone the hospital if you experience any of the following:

- You start contracting
- Your waters break
- The colour of your waters changes to red or brownish green
- The baby is not moving as usual
- You feel unwell
- You have a raised temperature or flu like symptoms
- The pessary falls out
- You are worried for any reason

## Contact telephone numbers

Please telephone before coming to the hospital:

Induction of Labour Suite: 0118 322 7825

If you go into established labour at any time following insertion of either the CRB or pessary it will be removed, and you will be transferred to Delivery Suite for ongoing support once a bed is available. If you have no other complications and you start to go into labour following the CRB or pessary you may be transferred to the Birth Centre if you wish to do so.

## Breaking your waters and using Oxytocin

If your cervix is open, or once it has been ripened, we can induce labour by breaking the waters around the baby and starting a hormone drip (Oxytocin) to bring on the contractions. Breaking your waters involves the midwife or doctor performing a vaginal examination; they will use a small instrument to make a hole in the bag of waters around your baby. 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.

You may need to be given Oxytocin if your contractions have not started once your waters have been broken. Oxytocin is given in hospital in the delivery room and is a drug that encourages contractions. Oxytocin is given through a drip and enters the bloodstream through a tiny tube into a vein in the arm. Once contractions have begun, the rate of the drip can be adjusted so that your contractions occur regularly until your baby is born. Whilst you are being given the Oxytocin the midwife will monitor your baby's heartbeat continuously. If you require Oxytocin you will not be able to go the Birth Centre.

## Possible side effects of using Oxytocin

Women who have Oxytocin are more likely to have an epidural to help with pain. An epidural is a pain relieving injection given into your back.

Because Oxytocin is given by a drip, being attached to this will limit your ability to move around. Whilst it may be okay to stand up or sit down, it will not be possible to have a bath or move from room to room. Very occasionally, Oxytocin can cause the womb to contract too much which may affect the pattern of your baby's heartbeat. For this reason, we need to monitor your baby's heart rate continuously using a CTG. We have telemetry (wireless) monitors in all our birthing rooms.

## Pain relief

It is unlikely that you will require any pain relief until your contractions start. There are various forms of pain relief available to you. Information leaflets 'Pain relief in labour' and 'Epidural for pain relief in labour' are available from the Trust website.

Ask your midwife for a copy or visit the Trust website at

<https://www.royalberkshire.nhs.uk/patient-information-leaflets/?AccessLetter=M>

### When will the induction process start?

You will be booked for induction by either your community midwife or obstetrician (if seen in clinic or on the antenatal ward) and the recommended time for this will be discussed with you. You may not be given an exact date until nearer the time (approximately a week before). You will be contacted on this date to confirm if we are in a position to commence your induction. You will be informed by the Induction Suite (IOL) midwife immediately when a bed is available, please note that this could be during the day or night. While you are waiting at home we advise you to rest eat and drink normally.

'Induction of Labour is a two-part process and sometimes there are unavoidable delays between your given induction date and the day you actually deliver your baby. A bed is first required on the induction suite to start the induction process, and then a second bed is required on either the Delivery Suite/Rushey Ward (if appropriate) where you actually give birth.

We will always wait until it is absolutely safe for both you and your baby before we can move you from the induction suite to delivery suite'. At these times the IOL midwife and the consultant obstetrician will constantly be reviewing the situation to ensure safety. If your induction is delayed the IOL midwife will provide you with phone numbers in case, you have any concerns during this time. The IOL midwife will also aim to keep you updated throughout the day/night on the bed capacity and will invite you in once a bed is available. As well as peaks of activities, we can also have periods when the IOL suite has beds available with no admissions due. On occasions like this, we will look at the next day's planned inductions and may call you to ask if you would like to come in a day earlier to start the process if clinically indicated.

### Where will the induction take place?

You will be invited to attend the IOL Suite on Marsh Ward on Level 4 in the maternity block on Craven Road. You will remain in this area until your transfer to the Delivery Suite or the Birth Centre. You do not need to lie in bed throughout the induction process. You may also be able to go for a walk and in some instances return home if you have had either a CRB or Propress and are suitable to return home.

### What to bring

Please bring your overnight bag and your baby's clothes, nappies etc, also some loose change for vending machines and the telephone.

As the Induction process can sometimes take some time please feel free to bring in some books/magazine/card games etc. to help pass the time.

We do provide food and refreshments for mums, but we cannot feed hungry partners. Vending machines or shops within the unit offer sandwiches, crisps and cold drinks.

### Arrangements for partners

You may have one birthing partner stay with you at all times in the IOL Suite. The facilities for partners are limited with only a chair being available for rest. Your partner will also have

to provide their own food and drink. Public toilets are available on level 4 but there are no showering facilities.

### Visiting and phone calls

Please ask friends and relatives not to phone for progress reports. Our staff cannot disclose confidential information across the telephone. Your birthing companion may of course make calls from payphones or a mobile

### Car parking

Parking is pay on foot (take a ticket at the barrier and use a pay point machine before leaving). However, your birthing partner is entitled to free parking whilst you are undergoing induction and labour.

Take an entry ticket at the barrier, park your car in the multi story car park in Craven Road, and then ask the induction midwife for a concessionary permit. Your partner will need to take this with the entry ticket to the security desk in the hospital main entrance when they leave in order for their ticket to be validated.

### Useful contact numbers

Induction of Labour Suite **0118 322 7825** or via Main Switchboard Ext **7825**

### Further information

For further information about induction of labour and all other aspects of pregnancy and childbirth, talk to your midwife or doctor.

[www.nice.org.uk](http://www.nice.org.uk) Copies of the NICE guideline can be requested from 0870 1555 455, quoting the reference number N1626

[www.nct.org.uk](http://www.nct.org.uk) Pregnancy and birth helpline

### References

1. DOH NICE Clinical Guideline 70. July 2008

This document can be made available in other languages and formats upon request.

Author: Antenatal Services Manager, 2007  
Revised: amended August 2019, November 2019, July 2020 (V McEwen-Smith)  
Approved: Maternity Information Group & Patient Information Manager, October 2020  
Review: October 2022