

Induction of labour

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.

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), and the date will be given to you at the clinic check-up scheduled at 41 weeks.

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

If you have had a previous Caesarean section this may affect whether induction is recommended (see leaflet 'Birth options after previous caesarean section

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 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 6 (RBH Annual Report). For women whose labour starts naturally, for first time mothers the chance of caesarean increases for

each week after 38 that passes, with about 1 in 3 who labour at 41+ weeks having a Caesarean birth, but for those whose have had previous birth vaginal (even if Ventouse or forceps), only 1 in 20 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 48hrs 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 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 placing a finger just inside your cervix and making 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 only 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 Iffley ward (IOL suite) where you will 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.

Using prostaglandins

If the cervix is closed it needs to be ripened before we can induce you. This is done by inserting a pessary (Propess) into the vagina. 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.

If you go into established labour at any time following insertion of the 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 pessary you may be transferred to the Birth Centre if you wish to do so.

24 hours after insertion of the pessary, the midwife will check if your cervix has ripened and remove the pessary. If it has, you will be taken into a delivery room as soon as there is a qualified midwife available to care for you and your waters will be broken. Alternatively this may happen on the induction of labour suite provided that there is a midwife able to care for you on either the delivery suite or birth centre, depending upon which is appropriate for your individual situation. Please note there may be a delay if there is no midwife or delivery room available. Student midwives work along side their mentors and may also be involved with your care.

You may need to be given Oxytocin (see below) if your contractions have not started once your waters have been broken.

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 (see Propess for induction of labour leaflet) 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.

Whilst 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.

Using Oxytocin

If your cervix is open, or once it has been ripened by the pessary, 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.

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. If this happens you may be asked to lie on your left hand side and the drip will be turned down or off to lessen the contractions.

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 www.royalberkshire.nhs.uk/maternity

What to do on the day of your induction

The midwife will call you in the morning of your induction to let you know what time to come into hospital. If there is no bed available on the IOL suite at that time, the midwife will

keep you informed during the day. As soon as a bed becomes available on the IOL suite, the midwife will call you and ask you to come in. Please note this can happen at any time during the day or night. Whilst you are waiting at home, we advise you to rest and eat and drink normally.

Where will the induction take place?

You will be invited to attend the IOL suite on Iffley 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, and you may wish to bring some light reading, cards or board games to help pass the time. You may also be able to go for a walk and in some instances return home after you have had Propess.

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.

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 3227825 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 Copies of the NICE guideline can be requested from 0870 1555 455, quoting the reference number N1626

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.

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