



This leaflet contains some useful information about what happens when you need an induction of labour



## What is induction?

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For most women labour will happen naturally between 37 and 42 weeks, leading to the birth of their baby. However in some cases your doctor or midwife may recommend induction of labour. This may be because:

- There are clinical concerns regarding the welfare of you and/or you baby
- Your waters have broken but there are no signs of labour after 24 hours
- The pregnancy has gone beyond the expected due date with no signs of natural labour. If you are healthy and the pregnancy has been trouble free, induction of labour will be offered around 12 days after your due date.

## Membrane sweep

Once you have reached your due date it may be suitable to perform a membrane sweep. This is offered and carried out by your midwife who will perform an internal examination and try to separate the membranes from the cervix. This has been shown to help prepare the body for the labour process. You may find the procedure uncomfortable and it sometimes results in a small amount of bleeding but causes no harm to your baby.

## Where can I have an induction?

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Induction of labour is only offered in the maternity unit in the Princess Anne Wing at the Royal United Hospital, Bath, so it may be necessary for your plans for birth in a birthing centre to be altered. Your midwife will be able to arrange this.

Once the decision for induction has been made, a date will be

agreed by the midwife or doctor caring for you. You will be asked to call the Central Delivery Suite (see contact details on back page) to arrange a time to come into hospital.

From time to time the unpredictable nature of childbirth puts unexpected demands on the staff caring for you. In order to maintain a safe environment for you to labour in, it may be necessary to postpone or briefly delay your induction until it becomes safe to proceed.

Induction of labour is a process designed to start labour artificially. It can take some time, particularly if you are having your first baby and it may be several days before labour starts. Once the induction process has begun you will be cared for on Mary Ward until labour starts. During this time your partner may stay with you for support though they should be aware of the limited facilities available (unfortunately no meals or washing facilities are available to partners) and there may be a need to be sensitive to the needs of other women in the ward area.

For some women, the period between the start of the induction process and the onset of established labour can prove to be quite uncomfortable, making it difficult to sleep. Your midwife will encourage you to eat and drink normally and will help you with different coping strategies until your labour starts properly.

## Methods of induction

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There are three ways of inducing labour:

- The use of prostaglandins
- Artificial rupture of membranes (breaking the waters)
- Syntocinon infusion.

You may require one or a combination of all of these methods.

## Prostaglandin

A Propess pessary is a slow-release artificial hormone very similar to the hormone your body produces naturally. This is intended to soften, shorten and open the neck of the womb (cervix). Your midwife will carry out an internal examination and insert the Propess inside the vagina near the cervix. The Propess pessary, which is attached to a tape, will be left in place for a minimum of 24 hours and a maximum of 30 hours. It can be removed by means of the tape at any time if labour starts or if there are concerns for the wellbeing of you and/or your baby.

If labour does not start, the Propess will be removed and be replaced with an alternative form of prostaglandin which will be discussed with you at the time.

You may start to experience tightenings soon after the insertion of the prostaglandin. These can be painful but do not always develop into labour.

Each woman's response to prostaglandin is different. You will be encouraged to stay mobile and eat and drink normally.

## Artificial rupture of membranes (breaking the waters)

This procedure is performed once the cervix has started to open. The midwife will carry out an internal examination and will use a small instrument to break the sac of fluids surrounding the baby. The examination may be uncomfortable but will not harm your baby. The leaking of the fluid from the sac through the cervix helps to stimulate your contractions and you will be encouraged to stay mobile.

Sometimes, even after breaking the waters, labour may not start.

## Syntocinon infusion

This may be started once your waters have been broken and there are no signs of labour. This is an artificial hormone similar to the one produced naturally by your body and will encourage strong regular contractions. It is given via a drip in your arm and the amount you receive is carefully measured. Once the infusion has been started it is usually required to keep running until your baby is born. However, the drip will reduce the opportunity for you to be freely mobile and will prevent you from using a bath. But you will still be able to try different positions if you feel able.

## Monitoring you and your baby

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Throughout the induction process your midwife will ask your permission to monitor both your wellbeing and that of your baby at regular intervals. A cardiotocograph (CTG) will be performed to record your baby's heart rate before and after each stage of treatment, lasting a minimum of 30 minutes to ensure there are no concerns. If your labour requires the use of a hormone drip, your midwife will ask permission to continuously monitor your baby's heart rate.

If you have any questions or concerns regarding the need for, or the process of, induction please talk to your midwife who will be happy to help.



## Contact telephone numbers:

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- **Central Delivery Suite**      **01225 824847/  
01225 824447**

## Monday–Thursday 9am-5pm and Friday 9am–1pm:

- **Antenatal Clinic**              **01225 824659**
- **Antenatal Reception**        **01225 824645**