

Information leaflet on

# Induction of Labour



**By your side**

**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. Induction of labour is a process designed to start labour artificially. Just over 30% of women will require their labour to be induced in the UK (HES 2018).

## **Why might I be offered induction of labour?**

- When it is felt that yours or your baby's health is likely to benefit.
- Induction of labour is recommended and offered for the following reasons:
- **Prolonged pregnancy** - pregnancy that continues after 41 weeks. After 41 weeks there is a slight increase in the risk of your baby developing health problems. Induction of labour is therefore recommended between 41 and 42 weeks. At Birmingham Women's Hospital we advise IOL at 10-13 days over your expected due date. If you are aged 40 years old or more you will be offered induction of labour close to the date your baby is due.
- **Pre-labour rupture of membranes** - (the waters around the baby breaking). If spontaneous labour does not happen approximately 24 hours after the waters break there is a small risk of infection to the mother and / or the baby and so we advise induction of labour.
- **Medical reasons** - If there are problems in your pregnancy which can affect either you or your baby's wellbeing and it is felt that your health or your baby's health is at increased risk if the pregnancy continues.
- If you are over the age of 40

## Can labour be encouraged to start naturally?

Yes. We strongly recommend that you ask your midwife or doctor for a 'membrane sweep' - it is the first step to try and encourage labour and is recommended prior to induction. It can be carried out at home, at an outpatient appointment or in hospital. We know it can reduce the need for other induction methods we offer. At this hospital we offer a membrane sweep to all women at around 40 and 41 weeks. You will also be offered a sweep if induction is recommended for a medical reason, the timing will be advised by the doctor caring for you. If labour does not start spontaneously after a sweep, you can ask for additional sweeps.

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. 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 your baby nor will it increase the chance of you or your baby getting an infection.

## Are there any side effects from a membrane sweep?

A sweep may cause some discomfort and sometimes slight bleeding. A sweep will not cause harm to you or your baby; it does not increase the risk of infection. If you are concerned about any blood loss triage is available 24 hours for advice. After a sweep we will listen to the baby's heartbeat and remind you to continue to make sure your baby is still active and you are happy with your baby's movements.

## Can I decide not to be induced?

Yes, as this is your choice. If you decide against being induced, we will offer additional checks for you and your baby, depending upon your personal situation. The additional monitoring will be arranged by the Day Assessment staff and medical team.

## What preparations do I need to make before coming in for induction?

Inducing labour can be unpredictable it depends upon how your body and your baby respond to the treatment we offer you. We advise you to plan for your induction to take anywhere between a day to sometimes several days. Bringing with you books, magazines and snacks can help. We will need to prioritise women according to their clinical need which means that some-times you may have a delay in starting or continuing with some of the stages in your induction of labour journey.

## What happens on the day of my induction appointment?

Before arriving on the day, we ask you to ring first, sometimes if there isn't a bed available in the morning; we may take your number and ring you back later in the evening.

Occasionally we may have to postpone your induction to the following day. We will however invite you in to be monitored if that is needed or your choice.

### On arrival for induction

On arrival you will be welcomed by a member of staff and shown the antenatal ward or Induction of labour suite.

The midwife caring for you will explain what will happen; there will be time to answer any questions you may have. The wellbeing of both you and your baby will be checked. This will involve feeling the position of your baby and monitoring the fetal heart.

You will need to have an internal vaginal examination to check the cervix (neck of the womb) hasn't already started to dilate.

### What methods are used to induce labour?

There are a number of methods used according to your individual situation. Your midwife or doctor will discuss these options with you. If needed a vaginal prostaglandin in the form of a pessary/tablet is placed close to the neck of the womb (cervix). The tablet/pessary releases a hormone that aims to soften and shorten (ripen) the neck of the womb.

## What happens next?

Labour usually doesn't start straight away. Some women without complications will be offered the choice to go home until labour starts (see going home with Propress)

- If this is your first baby or had a previous caesarean section you will be offered the pessary;
- The pessary stays in for 24 hours. At 24 hours we will check to see if there has been a change to the cervix.
- If little or no change has taken place the pessary would need to be left for a further 8 hours. After this additional 8 hours, the pessary will then be removed.
- A second pessary may be suggested to you following a medical review

### Prostin tablet

If this is your second or subsequent baby and you have never had a caesarean section you will receive a prostin tablet. It is put near the cervix and left for 6 hours. If after the 6 hours the cervix has not changed or dilated (opened), further tablets may be required.

Occasionally prostaglandins/pessaries do not work, your cervix does not dilate and /or labour fails to start. If this happens the doctors will talk with you and let you know your options.

## What about my partner during induction of labour?

Your birth partner may remain with you during your induction, but he/ she also needs to rest before labour establishes. During the night, if labour hasn't become established, your birth partner may wish to go home so that he/she can rest. Unfortunately we do not have facilities for birth partners to shower in the hospital. He/she can sleep in readiness for supporting you in labour. If you start having pains during the night you are welcome to ring one birth partner to support you.

## Breaking your waters (artificial rupture of membranes)

For many women, contractions will start and labour will progress without the need for anything else. If this is not the case once your cervix is opened enough (either naturally or after the prostaglandin), we will offer to break the membranes surrounding your baby. In order to have this done, you will need a vaginal examination and a slim hook will be used to make a hole in the bag of waters. This will not harm your baby, but may be uncomfortable for you.

## Hormone drip – syntocinon

Oxytocin is the hormone, naturally produced, which aids contractions. Syntocinon is an artificial version of the hormone oxytocin. It is given through a drip and carefully regulated to ensure that you have regular contractions until the birth. The hormone is used after your membranes have broken, particularly if contractions fail to start on their own. Breaking of the waters and the hormone drip would need to take place on delivery suite where you will receive one to one care by a midwife, and can be offered continuous monitoring of your baby's heartbeat. Unfortunately, there are occasions when this transfer may need to be delayed if the hospital is very busy. We are not always able to provide you with a time frame for transferring to Delivery Suite, which we understand can be upsetting, however if a delay in transfer is likely, we will continue to provide care and monitoring on the Antenatal Ward or Induction of Labour Suite. The decision on when we can transfer you to Delivery Suite will be made by the Delivery Suite Team, at a time when one to one care can be provided.

## Are there any side effects/risk?

- Occasionally you may experience painful contractions that don't always change or open the cervix.
- Occasionally syntocinon may increase your contractions by making your uterus contract too frequently
- Both prostaglandins and the syntocinon drip can cause the uterus to contract too much which may affect the baby's heart rate. (Hyper stimulation). In this case we can turn the syntocinon down or off and/or remove the pessary.
- If your cervix fails to open after the prostaglandins a caesarean may be required.
- Sometimes prostaglandins don't work.
- Usually reactions are minor sometimes you may have some vaginal soreness from the pessary/tablet.

## Outpatient induction. (Going home with pessary.)

Going home will be an option for you ONLY if:

- You have no problems in your history or in this pregnancy
- You are under the age of 40 years
- The ONLY reason for your induction is that you are past your due date
- Yours and your baby's observations on the day you are booked for induction are completely normal. This includes an ultra-sound scan (within 48 hours prior to receiving Propess) to measure the fluid around your baby
- All is well with both you and your baby after receiving Propess
- You are happy to go home; live within 30 minutes of the hospital; have transport available; have access to a mobile phone and someone can be with you whilst at home

If it is your first pregnancy and you meet the above criteria having an outpatient induction will be the suggested method of induction.

If the idea of going home with Propess appeals to you and you are suitable then please mention it to your midwife.

## What will happen on the day of my induction before i can go home?

- If you have chosen to go home with Propess you will be advised to attend the Day Assessment Unit at the hospital for an ultra-sound scan. This will ensure that your baby has plenty of amniotic fluid.
- Following your scan you will need to go to ward 1. Sometimes a bed is not immediately available on ward 1, you will be asked to go home and await a phone-call. We will be working hard to minimize any inconvenience. We will ring you as soon as a bed is available.
- Once on the ward, you will need to spend a few hours with us so that we can assess you and your baby and how you respond to the pessary.

Once you have gone home, we encourage you to remain mobile during the day and carry on as normal for example eating and drinking as normal and resting when you can. We recommend that you have someone with you whilst at home

## When should I contact you after going home?

We would like to have a telephone conversation with you about 12 hours after you receive the Propess. This is to check that all is well. Please ring Triage to let us know how you are.

You will also need to call us if:

- Your Propess falls out (please put it in the box we gave you or a clean bag)
- Your waters break or you have vaginal bleeding
- Contractions become regular i.e. 3-4 every 10 minutes lasting about 45-60 seconds or too frequent i.e. less than one minute gap between contractions or feel continuous we advise in this instance to remove the propess.
- There is a change in your baby's movements
- If you are worried / concerned at home

If contractions start after going home with Propess, ring triage and we will advise you to come to the hospital. On arrival in Triage we will monitor your baby's heart rate and perform a vaginal assessment if appropriate. If you are in established labour (approximately when your cervix is >4cm dilated) you will have a choice to go to the Birth Centre.

## What if I don't get any contractions at home?

If labour has not started after 24 hours you will need to return to the ward to be assessed and continue your journey as an inpatient. Please ring us on ward 1 at 10am, to confirm that a bed is available. When you arrive we will assess both you and your baby and discuss your on-going plan of care with you.

Your induction of labour has been booked for:

Date: .....
<input type="checkbox"/> <b>Ward 1</b> please ring at 10:00am
<input type="checkbox"/> <b>Induction Suite</b> please ring at 08:00am

## Further information

Talk to your midwife or doctor. You might also find the following helpful:

Once you have a date for your induction of labour, you can book onto an induction of labour parent education class. The link for booking is <https://bwc.nhs.uk/parent-education>

### **Birmingham Women's NHS Foundation Trust**

website and online access to leaflets and information for women

[www.bwc.nhs.uk](http://www.bwc.nhs.uk)

### **NICE**

[www.nice.org.uk](http://www.nice.org.uk) Induction of Labour

### **NHS Choices Pregnancy Care Planner**

[www.nhs.uk/Planners/Pregnancycareplanner/Pages/PregnancyHome.aspx](http://www.nhs.uk/Planners/Pregnancycareplanner/Pages/PregnancyHome.aspx)

### **Association for Improvements in Maternity Services, (AIMS)**

[www.aims.org.uk](http://www.aims.org.uk)

AIMS Helpline: 0300 365 0663

### **National Childbirth Trust (NCT)**

[www.nct.org.uk](http://www.nct.org.uk)

0300 330 0700

If you need more advice please contact:

**Birmingham Women and children's NHS Foundation Trust**  
Mendelsohn Way, Edgbaston, Birmingham B15 2TG



## Looking after and sharing information about you

We have updated our Privacy Notices in line with the data protection legislation (General Data Protection Regulation (GDPR)/Data Protection Act 2018. For more information about how we use your personal data please visit our website at:

<https://bwc.nhs.uk/privacy-policy>

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Author: Laura Elliott  
Produced: 04/2019  
Review Date: 04/2022  
Version 1.0  
Ref: 0078



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