

## Women's Services

# Induction of Labour

This information is to help you and your family make a choice about induction of labour and to answer some of the questions you may have.

### What is induction of labour?

In most pregnancies labour starts naturally between 37 and 42 weeks leading to the birth of the baby. When labour starts a number of changes take place in your body;

- The cervix (neck of the womb) softens and shortens.
- The womb contracts to push your baby out.
- The cervix dilates (opens).
- The bag of water surrounding your baby breaks.

Labour is said to be 'induced' when the doctors and midwives encourage the labour process to start artificially.

### When is induction of labour recommended?

Approximately one fifth of women have an induction of labour. The most common reasons are:

- The woman has specific health concerns (such as diabetes or high blood pressure).
- The baby has a health problem.
- The pregnancy has gone beyond your due date. There is a higher risk of stillbirth or problems for the baby if you go over 42 weeks of pregnancy. With this in mind we recommend labour is induced around 12 days past your due date.
- Induction of labour is advised when your waters break and labour has not started. Midwives will follow guidance which ensures the time for induction is before a 24 hour time frame.

An induction of labour is recommended when it is considered that your health and/or your baby's health will benefit.

### Making your choice

Everyone has the right to make a fully informed choice and to share in the decision-making about health care. Before you make a decision about induction your doctor or midwife will explain:

- Why an induction has been recommended for you and the potential benefits and risks.
- The potential benefits and risks of continuing your pregnancy until labour starts naturally.
- The procedures and care that is involved during an induction of labour.

Some women will choose to 'wait and see' whether natural labour will start. However, it is important that you are aware of the risks of both options so that you can decide what is best for you.

You should consider the benefits and risks of any care which is offered to you, including proposed induction, reflect on what you feel is the right thing for you, understand that you have time to discuss this and consider all the options, and then let us know how you would like to proceed once you have all the information.

## How does it all start?

An appointment to attend the Women's and New-born Unit will be given. You should ring on the morning of the date given for induction to negotiate a time to be admitted to the ward.

## How is labour induced?

Before starting the induction a midwife or doctor will assess the cervix (neck of the womb).

This examination only takes a few minutes but some women may experience some discomfort. Based on this examination the midwife or doctor will recommend one of the following methods of induction:

- Membrane sweep (known as a stretch & sweep).
- Prostaglandin - A drug which acts like a natural hormone to start labour
- Oxytocin.
- Artificially breaking the waters.

Induction can be one or a combination of these methods.

## Risks/things you should be aware of

- Induction may increase the chance of you having a caesarean section.
- The process of Induction can take a number of days until your baby's birth.
- Women who are induced are more likely to experience above average blood loss after the birth.
- In the event that labour ward is busy your induction of labour may be delayed.
- Induction of labour is not recommended if the baby is not head down or if the baby has severe growth restriction.

## Membrane sweep

The midwife can perform a vaginal examination to perform a membrane sweep. This procedure involves the midwife using her gloved fingers to touch the membranes through the cervix aiming to stretch the cervix and sweep the membranes to stimulate hormones to be released. This can stimulate labour contractions. You can experience vaginal blood loss after this procedure; it should be sticky and mucous. If you are concerned contact the Maternity assessment centre for advice or Labour Ward (numbers are on the back of the leaflet)

## Prostaglandin –The procedure at Bradford Teaching Hospitals NHS Foundation Trust.

Prostaglandin is a naturally occurring hormone that prepares your body for labour. A synthetic version has been developed to mimic the effect of the hormone. This is a gel inserted in to your vagina.

It is either a vaginal pessary or gel which slowly releases the prostaglandin over a period of time. Dependent on your reason for induction will depend which product is used. When the prostaglandin is in place you will be advised to lie down and rest for at least 30 minutes.

## Prostin - Prostaglandin Gel

If the gel is used you may require one, two or three doses given every six hours. We will give your body a rest after one day and restart the process again; this process promotes the ripening of your cervix overnight. When the cervix is soft and opens your body is prepared for labour. The next steps will vary from woman to woman – some may require artificial rupture of membranes (breaking the waters) whereas this may happen naturally for other women. Some women may require oxytocin, a drip in the back of your hand or arm to bring on contractions. The same principles for monitoring you and your baby will apply.

## **Risk/things you should be aware of**

- Prostaglandin sometimes causes vaginal soreness. However, there is no evidence to suggest that labour induced with prostaglandin is any more painful than labour that has started naturally.
- A minority of women may experience some reactions to the prostaglandin – such as nausea, vomiting, diarrhoea but this is rare.
- Very occasionally prostaglandin can cause the womb to contract too much which may affect the pattern of your baby's heartbeat. If this happens you will be asked to lie on your left side and if you have received a pessary this may be removed.

## **Oxytocin**

Oxytocin is the hormone that causes contractions. A synthetic version of oxytocin is given to women when contractions don't start naturally. Oxytocin is given through a drip via a vein in the arm. Once contractions begin the rate of the drip is adjusted so that contractions occur regularly until the baby is born. This process can take several hours. Your baby's heart beat will be monitored continuously throughout labour using a CTG (cardiotocograph) machine.

## **Risks/things you should be aware of**

- Your ability to move around will be limited by the drip and the CTG monitor. 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 uterus to contract too frequently which may affect the pattern of your baby's heart beat. If this happens you may be asked to lie on your left side and the drip will be reduced or stopped to lessen the contractions.
- Another drug may be given to counteract the hyperstimulation.

## **Artificial rupture of membranes**

If your waters have not broken a procedure called an 'artificial rupture of membranes' or 'ARM' may be recommended. This is when your midwife or doctor makes a hole in the bag of water surrounding your baby to release the fluid inside. This procedure is done through your vagina using an amni-hook. An amni hook can resemble a plastic crochet instrument with a hook on the end. Sometimes releasing the waters is enough to 'get things going' and labour will commence. However, most women will also require the oxytocin drug as well to start the contractions.

## **Risks/things you should be aware of**

- The vaginal examination needed to perform this procedure may cause you some discomfort.
- Although ARM is usually straightforward it can increase the risk of cord prolapse (baby's umbilical cord falls inside or outside the vagina) bleeding and infection.

## **Comfort Measures**

Whatever your experience you should be offered support and the pain relief of your choice just the same as if your labour happened spontaneously. Labour in water is often still an option for women who have their labours induced. Please ask your midwife for further information.

## **Frequently asked questions**

### **What if induction fails to start labour?**

Occasionally, labour fails to start after induction. Your midwife or obstetrician will discuss your options with you. Yours and your baby's health and wellbeing will be monitored very closely if this occurs. You may be offered further prostaglandins or the option of having your baby born by caesarean section.

## Can my partner stay with me during the induction process?

Yes, we encourage you to have someone who can support you; Partners/Named carers can stay overnight.

## What comfort measures are available on the ward?

Tablets, warm water and mobilisation are encouraged. For women who may require further analgesia we can administer Entonox (Gas and Air).

## Do methods such as drinking herbal teas, eating spicy foods, taking laxatives and having sex work to induce labour?

The available evidence does not support these methods for induction of labour and there is no substantial research that shows that they work.

## Additional information for during your stay

**Wristbands** - When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay. The wristband will contain accurate details about you on it including all of the essential information that staff need to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear the wristband at all times.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

**Smoking** - Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organization. You are not permitted to smoke in any of the hospital buildings or grounds, with the exception of the smoking shelters which are provided for visitors and patients only.

If there is anything that you do not understand or you have any questions or concerns please do not hesitate to contact us:

**Antenatal clinic** - 01274 364509 (08.30 – 16.30 hrs)

**M3** – 01274 364536 (24hrs)

**M4** – 01274 364540 (24hrs)

**Maternity assessment centre** - (10am -10pm) 01274 364532

**Labour ward** – 01274 364515 (24hrs)

We use Next Generation Text for people with hearing difficulties. This used to be called BT Text Relay  
To contact us ring 18001 as a prefix to the numbers above.

## Your date for induction of labour is:

Date .....

Please attend ward..... , call the department at the agreed time of ..... to arrange admission.