

APPENDIX E – INFORMATION FOR WOMEN UNDERGOING OUTPATIENT INDUCTION OF LABOUR WITH PROPESS

Having a baby is a very special time in the life of a woman and her family and we want to make sure this is a good and safe experience.

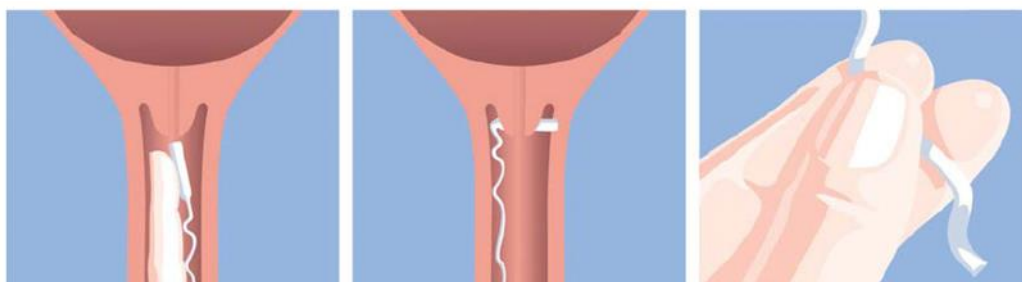
In most pregnancies labour occurs naturally between 37-42 weeks. Here at Croydon University Hospital we are pleased to offer low risk women whose labour has not started by 41+5 to 42 weeks, the opportunity to go home during the induction process (outpatient induction).

You will be offered an outpatient induction if you have a healthy straightforward pregnancy, your pregnancy is post term and you do not suffer from any medical conditions. There are some women, for whom going home during an induction is not possible as they have other needs, for example; if you are overweight (BMI over 40), over 42 weeks pregnant, have had a previous caesarean delivery, if you have had more than 2 babies, or if your waters have already broken.

Inducing labour takes time, sometimes a couple of days and may follow a number of steps. These could include softening (or ripening) your cervix (the neck of the womb), breaking your waters, and giving you a drip containing hormones through your vein to make your contractions start. You may not need all of these steps but this sheet gives you information about the first stage of inducing your labour (ripening your cervix using a drug called Propess®).

What is Propess®?

The pessary, which looks like a very small tampon, is inserted into the vagina during an internal examination by the midwife or doctor. The Propess® pessary contains the active ingredient dinoprostone, which is a naturally occurring female hormone also known as prostaglandin. Once inserted into the vagina the pessary will stay there for 24 hours slowly releasing the hormone to ripen your cervix. There is a string attached to the pessary to allow us to remove it easily. The string will sit inside the vagina.



What are the benefits of going home with Propess®?

Going home with Propess® will mean you can return to an environment which is comfortable and familiar. Research shows us that women are more likely to go into labour if they are relaxed within their surroundings.

What happens?

You will be seen by your midwife for a membrane sweep, like all post-term women. During this period, your midwife will assess your suitability for outpatient induction of labour. If you are suitable your induction date will be booked for when you are 41+5 to 42 weeks pregnant.

What do I need to do on the day of my induction?

On the day of the induction you should telephone the Day Assessment Unit (DAU) on 020 8401 3853 on the ground floor of the Maternity Unit at 0730 to arrange admission. You should bring your notes and hospital bag with you. There you will be seen by a midwife and an initial tracing (CTG) of baby's heart beat will be done. We will reassess your suitability for going home with Propess®. You will have a vaginal examination and the Propess® will be inserted into your vagina. The baby's heart rate tracing will continue for another 30-40 minutes. Providing all is well with you and your baby, you will then go home to await events.

What are the risks involved?

If concerned about anything during your stay at home you can call the DAU/Triage number as above or the Labour ward, telephone 020 8401 3179.

Very occasionally induction of labour can cause unusually strong or very frequent contractions. Please call the DAU/Triage and come into hospital if you are concerned or require pain relief.

What if labour starts?

Your labour may start within 24 hours of the Propess® being put in. You should return to labour ward if you have;

- Contractions which are very close together and very strong
- Continuous abdominal pain
- Vaginal bleeding
- Your waters break
- The Propess® falls out
- A feeling that the baby is not moving normally
- Concerns about anything.

If you start having regular contractions you will be supported during labour in the same way as if you had started spontaneously. If you go into labour whilst at home, please call the DAU/Triage and a midwife will discuss your care with you.

Suggestions to help yourself at home:

- Carry on as usual; try to do things to take your mind off wondering if labour will start.
- Go for a walk, if you feel like it.
- Ensure you eat and drink as usual.
- Sometimes induction of labour can be a slow process, so you may wish to try to rest/sleep when you can.
- Arrange to have people with you or easily contactable should you need them.

Suggestions for coping with contractions at home:

- Warm baths
- Walking
- Birthing ball
- Massage
- Aromatherapy
- Support from your birth partner

Once contractions start, there is no need to come to hospital straight away, unless:

- The contractions are very close together and very strong
- You have continuous abdominal pain
- Your waters break
- You have vaginal bleeding.
- Your baby is not moving normally

In the case of any of the above occurring; please call Hope ward on **DAU/Triage** to arrange admission to the hospital.

12 hours have passed, what do I do?

Please call DAU/Triage on 020 8401 3853 so that a midwife can support you and make an assessment. She/he will ask about contractions, your waters, baby's movements, how you feel you are coping etc.

24 hours have passed, what now?

When you have the Propess® inserted you will be automatically booked to return to the antenatal ward, Hope ward tel 020 8401 3176, the following morning to have the Propess® removed and continue the induction process.

On admission, you will have another vaginal examination to assess if the neck of your womb (cervix) has begun to open. If the neck of your womb is ready for your waters to be broken you will be transferred, when appropriate, to the Labour Ward where further management of your labour will continue. If the neck of your womb is not ready then you may need further pessaries and you will need to stay in the hospital.

APPENDIX F– INFORMATION FOR WOMEN WHO ARE GIVEN A CERVICAL RIPENING BALLOON (CRB)

Induction of labour involves a process where the neck of the womb (the cervix) is gently made to open up to allow the next part of the induction - the breaking of the waters in front of the baby's head, referred to as artificial rupture of membranes (ARM) - and then labour. There are different ways of softening the cervix. The most common method is using a prostaglandin hormone which is inserted vaginally; this is a good method if the cervix is already starting to shorten and soften.

When the cervix is firm and long (often referred to as unfavourable), it takes longer to achieve the softening and dilatation required to break the waters using prostaglandins; it will involve more vaginal examinations and, occasionally, require a longer stay in hospital. If your doctor has advised induction of labour but your cervix is unfavourable, a special device called the Cooks cervical ripening balloon (CCRB) may be recommended to gently stretch the cervix and stimulate the release of natural induction hormones (prostaglandins) which will cause the softening and opening of the cervix.

Admission for induction of labour

You will be admitted on the morning of induction of labour. Before inserting the balloon the baby's heart beat will be monitored. The doctor on duty will then insert the balloon.

Inserting the CCRB

In order to insert the balloon, your legs may be placed in leg supports and a small, well lubricated, disposable speculum (a special instrument used to help look at the cervix), will be inserted into the vagina. Once the cervix is seen, the CCRB is placed inside it, the inner balloon within the uterus, and the outer one within the vagina. The balloons will be inflated with fluid until both balloons gently stretch the cervix between them. Occasionally your doctor will ask you to lie on your left side to insert the balloon. You might experience some discomfort at this time but this is expected and will resolve with simple analgesia. You may remain on the Labour ward if your doctor advises this; otherwise you will be transferred to the antenatal ward.

Removing the CCRB

If labour does not occur within 12 -24 hours after the balloon is inserted, the CCRB will be removed. This is done simply by withdrawing the fluid that was inserted into the balloons, and then gently withdrawing the device. Once this is done the next stage of the induction will be commenced (the artificial rupture of membranes). If it is felt that the head is too high for this to be done, your doctor may want to delay artificially rupturing the membranes until the head settles lower in your pelvis. After this, the induction will continue, as with any other induction technique, which may include the use of a drip containing Syntocinon, a hormone used to stimulate contractions.

Benefits of the CCRB induction

- This method safely ripens and dilates the cervix without the need for medication.
- It removes the potential side effects of repeat medications.
- The balloon adapts to the contours of the cervical canal and is easily inserted and removed.

Side effects of the CCRB induction

Side effects associated with this method of induction are no different from other methods of induction. Side effects specific to the balloon, and the more frequent ones, include discomfort, expulsion of the balloon, vaginal bleeding and ruptured membranes. Should any of these occur, you must inform your midwife, who will inform the duty doctor if necessary.