

Induction of labour

Your name:

Dr/Midwife:

has booked an induction of labour for you on:

This will take place at (please circle):

Home from Home Birth Centre

Hospital Birth Centre

If you have any questions, please call Home from Home on 020 7188 2968 or Hospital Birth Centre on 020 7188 6867.

When does labour normally occur?

Most women go into labour between 37 and 42 weeks of pregnancy (from three weeks before to two weeks after their due date). Only about 4% (four out of 100 women) actually give birth on their due date. Before labour, the neck of the womb (cervix) softens or becomes 'ripe'. This process may take several days and you can experience irregular painful contractions before going into labour. You may also have a 'show' which is a mucus discharge that may be blood-streaked – this is normal.

What is induction of labour and why am I being offered it?

An induction of labour is when we attempt to start labour artificially. In the UK, approximately 20% (20 out of 100 women) will have their labour induced.

There are many reasons why you may be offered an induction of labour. Some of these include:

- Prolonged pregnancy. This is called a 'post-dates induction' where your pregnancy has gone beyond its due date, by over 10-14 days.
- The pregnancy is affected by a medical condition such as high blood pressure, diabetes or obstetric cholestasis (a condition of the liver).
- Multiple pregnancy.
- Aged 40 or over.

We prefer labour to start naturally but offer induction when the benefits for you and your baby are greater than risks. Our priority is the continued well-being and safety of you and your baby, and the decision to induce is never taken without discussing it with you fully.

Can anything help bring labour on naturally?

A membrane (cervical) sweep makes natural labour more likely and reduces the need for induction.

A membrane sweep is a vaginal examination during which your midwife or doctor 'sweeps' the neck of your womb using their finger to separate the membranes from the cervix. This process can encourage your body to release the hormone prostaglandin and start labour naturally over the next 48 hours.

You may feel some discomfort from the procedure and may notice a show of blood or small amount of vaginal bleeding. This is normal and is nothing to worry about.

We usually offer a membrane sweep at 40 weeks and strongly recommend that everyone has a membrane sweep if they are still pregnant at about 41 weeks. Please ask your midwife if you have not been offered a membrane sweep before induction of labour.

Being mobile and active can also help encourage your body to start labour, as the baby's head may move down placing gentle pressure on the cervix and encourage it to dilate (open).

How will I be induced?

There are many different ways labour can be induced and the method will depend on different factors which include your pregnancy, medical background, as well as the findings from the vaginal examination which will reveal how soft and open your cervix is.

These are three main steps that we use to induce your labour. However it is important to remember that your waters may break or your contractions may start naturally at any time during induction.

Cervical ripening

Inserting a hormone (called prostaglandins) or a balloon catheter into the vagina to soften the cervix, or neck of the womb.

There are two types of prostaglandins. The method we choose will depend on the reason you are being induced, as well as your previous pregnancy history.

- **Propess pessary** (10mg dinoprostone) is a tablet that is attached to a ribbon, similar to a tampon, which is placed inside your vagina. The pessary slowly releases prostaglandins over a 24 hour period and prepares the cervix for labour. Once the pessary is inserted we like you to walk around to help encourage labour, and you can also still shower, eat and drink normally.
- **Prostin gel** (1 or 2mg dinoprostone) also prepares the cervix for labour. It is inserted into the back of the vagina and works over a six hour period. You may need more than one dose of the gel if the cervix is still not dilated enough, up to a total of 4mg.

This can take a long time and you may require both Propess pessary and Prostin gel to get your cervix ready for labour.

In cases where the use of prostaglandins may not be recommended, such as a Birth after a Caesarean Section (BAC), or if your baby has a growth restriction condition, we may use a balloon catheter.

- A balloon catheter is used to mechanically stretch your cervix open, without using medication. The small plastic balloon will be inserted by the doctor into your cervix, inflated with a small volume of water, and left inside for several hours to stretch open your cervix and encourage your body to release natural labour hormones. During this time it may fall out if it has stretched open your cervix enough.

Breaking the waters

'Breaking the waters' is also known as artificial rupture of membrane (ARM). A vaginal examination is performed and a small hole is made in the membranes with a slim sterile plastic instrument. It may be uncomfortable for you but does not hurt the baby.

Following this, you will feel a gush of warm fluid which confirms your waters have been broken. In some cases this may not be obvious and we may need to repeat this.

Using an intravenous hormone drip

If your labour does not start with the prostaglandin or ARM, we will use oxytocin to start the contractions, or make them stronger and more frequent. This medication will be given through a drip into a vein in your arm.

During this process, your baby's heart rate will be monitored continuously using electronic monitoring (CTG). It is important that we do this as the contractions can cause changes in the baby's heart rate.

How long does an induction take?

This will be different for every woman and depends on how ready your cervix is for birth. In general, it can take two to five days from the start of the induction to the birth of your baby.

Sometimes the ward and Hospital Birth Centre are very busy, and this can also delay parts of your induction.

Are there any risks for induction of labour?

There is no major risk to you or your baby. The benefits of the induction are greater than waiting for natural labour to occur, and these will be discussed with you by the midwife or doctor before your induction is booked.

There are some small risks involved with the induction process. The hormones may cause your uterus to contract too much. If this occurs the Propess would be removed, or the oxytocin drip turned down or off, or you may be given a medication to help reduce the contractions.

Your baby's heart rate will also be monitored continuously throughout labour. If your uterus over-contracts then it can affect the baby.

Inducing your labour at term does not increase the risk for a caesarean section. This has been shown on many studies throughout the UK.

What pain relief can I have?

If you are having your labour induced, you may want to make some changes to your birth plan, such as pain relief.

All the pain relief options for labour can be used during your induction. The early labour pain during the Propress pessary and Prostin gel can last for a longer time, and you can ask for analgesia (painkillers) during this time or consider a TENS machine to help you. A TENS machine is a small, battery-operated device that has leads connected to sticky pads called electrodes.

There is no evidence that labour following induction is more painful. However, more women request an epidural following induction compared to women who go into labour spontaneously.

What happens if my induction does not work?

If you do not go into labour with the different methods, your midwife and obstetrician will discuss the options with you and your partner.

Depending on your pregnancy and your overall health, the options will differ but can include:

- Caesarean section.
- 24 hour rest – in some cases we will stop the induction, rest your body for 24 hours and then start the induction process again.

What are the benefits of induction if I am overdue?

After 42 weeks of pregnancy (two weeks after your due date):

- The very small risk of stillbirth increases.
- Babies are more likely to pass meconium (baby's first faeces) during labour. This rarely causes a problem, however, if your baby breathes meconium into their lungs, it can cause a serious breathing problem called meconium aspiration.
- The placenta may not function as efficiently and this may reduce the oxygen and nutrients available to your baby.

Having induction 10 to 13 days past your due date reduces the risks above.

How will I be induced if I have had a previous caesarean section?

Your consultant's team will discuss with you the risks and benefits of induction in your situation. We often induce women with a previous caesarean by breaking the waters and waiting 24 hours for the labour to start.

Sometimes we may offer placing a Foley catheter (see page 3) in your cervix to slowly encourage it to 'ripen'. This should allow us to break the waters after 24 hours.

When will I come into hospital for my induction?

We will call you on the morning of your induction to advise you of the time you should come in.

If you have not received a telephone call by midday, please call the numbers listed in the **Contact us** box on the back page of this leaflet for where your induction was meant to occur.

When you arrive, please proceed to the reception of your induction venue. It is important you bring your orange obstetric handbook with you.

We are unable to give you a time in advance because it depends on how many women in labour are already admitted to the centre on that day. We will aim to keep you informed about any changes when you can come in.

Why might my induction be delayed?

On occasion, the maternity unit can become very busy. We understand that delaying your induction can be very upsetting and distressing, however our priority is to provide a safe unit for both you and your baby.

In some circumstances, we may have to delay your induction by 24-48 hours, or ask you to come in at a later time in the day. If your baby requires a neonatal cot, the delay can even be a few days when a cot becomes available.

If your induction is delayed and you have questions surrounding this, please ask to speak with a senior midwife or obstetrician on duty.

Can I have someone with me?

Someone can come with you when you have your induction. However, if you are not in established labour during the evening, your birth partner will not normally be able to stay overnight.

What if I decide not to be induced?

If you choose not to be induced, we will offer you an appointment with your link obstetrician to discuss further management of your pregnancy. You will have regular checks of your baby's heartbeat using a CTG machine which gives us an indication of your baby's well-being at that time. We may offer you a further scan to check the blood flow in the umbilical cord and placenta, and to check the amount of amniotic fluid around the baby.

These checks cannot predict how your placenta will continue to function and complications may still occur. You can discuss this at the appointment with your consultant.

Useful sources of information

Royal College of Obstetricians and Gynaecologists: www.rcog.org.uk

Midwives Information and Resource Service: <https://www.midirs.org/>

National Institute of Clinical Excellence: www.nice.org.uk

Contact us

If you have any questions or need more information, please contact the unit where you are due to have your induction

- Home from Home Birth Centre 020 7188 2968
- Hospital Birth Centre 020 7188 6867 or 020 7188 2975
- Antenatal Ward 020 7188 0676 or 020 7188 0677

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline. **t:** 020 7188 8748, Monday to Friday, 9am to 5pm

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch. **t:** 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day. **t:** 111

NHS website

Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing. **w:** www.nhs.uk

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t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

Was this leaflet useful?

We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you, fill in our simple online form, **w:** www.guysandstthomas.nhs.uk/leaflets, or **e:** patientinformationteam@gstt.nhs.uk

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