

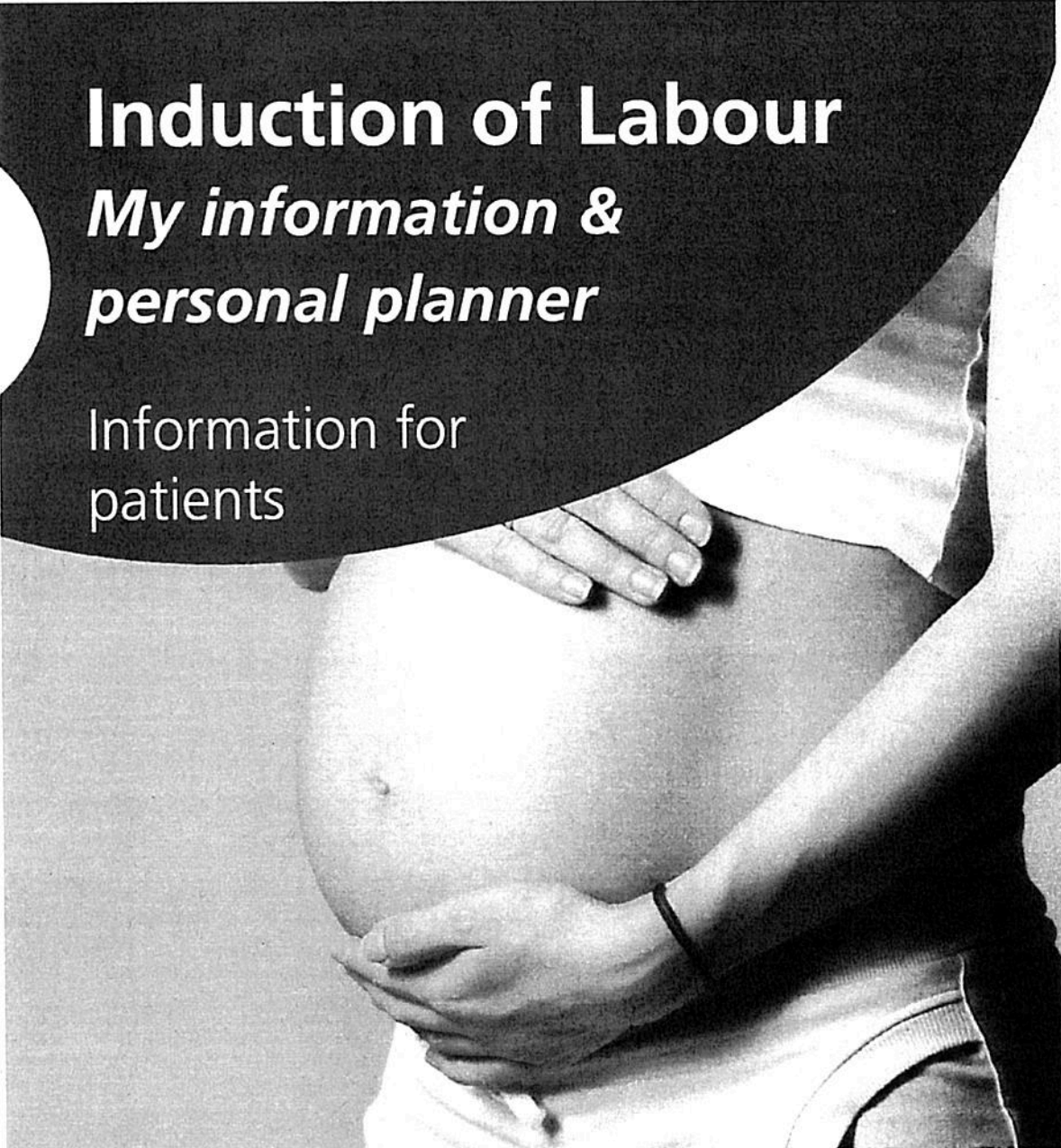


The Leeds  
Teaching Hospitals  
NHS Trust

# Induction of Labour

## *My information & personal planner*

Information for  
patients



Leeds  
Maternity Care

This leaflet contains information to help you understand the care and treatment that you will receive during your induction of labour.

**What is induction of labour?**

Labour is a natural process that normally starts on its own but sometimes needs to be started artificially. This is called induction of labour.

**Why does my labour need to be induced?**

The reason I have been recommended to have my labour induced is:

.....

.....

.....

.....

.....

**How is natural labour encouraged?**

Before you are offered induction, you will be offered a membrane sweep. A "sweep" has been shown to increase the number of women who go into labour naturally in the following 48 hours after it is performed. It takes only a few minutes and can be carried out at home, in clinic or on the ward.

A membrane sweep involves a vaginal examination performed by your Midwife or Doctor, during which a finger is gently put just inside the cervix (neck of the womb) and circular, sweeping movements are made to separate the membranes that surround the baby.

This stimulates the cervix to release labour inducing hormones which are naturally produced by the body called prostaglandins. Despite being gentle, some women may still find this moderately uncomfortable and afterwards there may be some period type pains.

It is very common to notice some blood staining or a "show" especially on wiping or after passing urine. This is not harmful and should settle after a few hours. After the examination you will be able to continue your usual daily activities. Some women have more than one "sweep." If labour does not start, an induction of labour will be arranged for you.

### **What happens on the day of my induction of labour?**

Induction of labour is usually started on our antenatal ward or Delivery Suite. It can be started at any time during the day depending on bed availability.

Some women may be suitable for induction as an outpatient.

*Once orientated to the ward, some routine checks will be performed on you and your baby including:*

- Reviewing your pregnancy history and any test results
- Checking your temperature, pulse, urine and blood pressure
- Examining your abdomen to check the size and position of the baby

- Monitoring the baby's heart rate for a short period of time, with a CTG machine, usually around 20 minutes (may however be longer in some instances)

*After the initial assessment your midwife will:*

- Discuss with you why induction has been suggested
- Make sure you understand the plan of care
- Answer any questions or concerns you may have

## How is labour started?

There are different ways of starting labour and to decide the best way for you it is necessary to carry out a vaginal examination to determine how soft and open your cervix is.

*The methods used to induce labour include:*

- Prostaglandin pessary (Propess® or Mysodelle®)
- Breaking the waters around baby (artificial rupture of membranes)



## What does an induction with a prostaglandin pessary involve?

Prostaglandins are naturally occurring hormones released by the body in normal labour and also after a membrane sweep. The aim of the pessary (synthetic prostaglandin) is to soften and open the cervix, so the waters are able to be broken.

A Propess® or Mysodelle® pessary is inserted into the vagina during examination. Once in place, it sits behind the cervix and slowly releases prostaglandins that cause the cervix to soften and the womb to contract. It is a bit like a tampon and has a tape so that it can be easily removed; either once labour starts, at the end of the treatment time (24 hours) or earlier if complications arise.

After the pessary is inserted you will need to stay on the bed for half an hour, then you will be encouraged to mobilise as this helps stimulate active labour. Take care after washing and going to the toilet so as to not dislodge the pessary. You can remain dressed and eat and drink as normal. You may leave the ward, but not the hospital (unless an outpatient induction has been agreed, see page 6), for short periods but check with your midwife that it is safe to do so and let them know when you will return.

Sometimes you will be aware of period type pains which are less intense than contractions. These may build up to proper labour pains or fade away as the effect of the medication wears off. If you are feeling uncomfortable, discuss with your Midwife what pain relief you would like. There is a range of options even in the very early stages of labour including gentle mobilisation, lying in a warm bath, pain relieving tablets or a TENS machine (if you have one).

***During this time the Midwife will review you regularly by:***

- Checking your temperature, pulse and blood pressure
- Asking about any pain or vaginal loss
- Asking about your need for pain relief
- Listening to your baby's heartbeat, this may involve being continuously monitored for a time

Please inform your Midwife if you have any vaginal bleeding, think your waters have broken or feel unwell in any way. Please be aware that if you begin the induction of labour process and require a synthetic hormone (oxytocin) through a drip, we would not advise a water birth due to the need for continuous fetal monitoring once in labour.

It is important to remember that it is normal for it to take several days from the beginning of the induction process until your baby arrives.

**What is the difference between Propess® and Mysodelle® and which one will I get?**

Propess® and Mysodelle® have similar actions but Mysodelle® acts more quickly. For this reason, Mysodelle® is only offered to women having their first or second baby and you may be induced on the Delivery Suite where you can be observed more closely.

Which one you receive is dependent on findings from your vaginal examination and your past medical and obstetric history. The most appropriate pessary for you will be decided by the prescribing doctor.

## **Outpatient induction of labour**

If you have had a pregnancy which has been considered as low risk, and you are being induced only because the baby is overdue, you may be offered an outpatient induction.

This gives you the opportunity to reduce the amount of time spent in the hospital environment.

**Please note that if you have had reduced fetal movements from 37 weeks onwards, have a history of any medical or obstetric problems or have difficulty getting in to hospital we do not advocate an outpatient induction.**

With an outpatient induction, you would be seen first on the antenatal ward and following an assessment and discussion it may be suggested that you can go home for an agreed amount of time. A Propess® pessary would be administered, and if all observations are normal you would go home to return back to the ward in 24 hours.

*You are asked to return to the hospital sooner if you*

- Go in to labour (contracting regularly)
- If your waters break
- If you have any vaginal bleeding
- If you have any concerns over the baby's movements
- If you have any side effects (such as dizziness, vomiting, palpitations and fever)
- If the Propess® pessary comes out

If you have any concerns or questions whilst at home or need advice you can ring the Antenatal Ward or MAC at any time. The Propess® is easily removed by pulling on the tape if required. When you return to hospital after the Propess® has been in place for 24 hours you will be reassessed to see if your waters could be broken or if a further pessary is required. Please note that there may be changes to the cervix even with minimal discomfort.

### **What happens if the prostaglandin pessary doesn't work?**

In 4 out of 5 women the pessary will be successful and labour will have started or your cervix will have opened enough to be able to break the waters. However, 1 in 5 women will need a little extra help to get started. This may involve a prostaglandins pessary for a further 24 hours. In the unlikely event these are not successful; the doctor will discuss a further plan of care with you. This may involve repeating the whole process, going home and resting for a few days before repeating the induction process or having a Caesarean Section although this is very rare after your due date.

### **What does breaking the waters involve?**

If a vaginal examination is performed and your cervix has started to open and the membranes surrounding baby can be felt then we should be able to break your waters. This is also referred to as artificial rupture of membranes (ARM).

Prior to breaking your waters we would monitor baby's heart rate for around 20 minutes or longer if required. The procedure begins as a vaginal examination to assess the cervix, however, during the procedure a long plastic device is gently inserted alongside the examining finger. This device has a specially designed tip which makes a hole in the membranes surrounding the baby and releases the fluid inside the womb. The midwife will check the fluid is clear and listen to baby's heartbeat.

Once the waters are broken and baby's head descends onto the cervix, some women may start to feel period type pains which may increase in intensity and continue to become contractions.



### **What is a Syntocinon® drip?**

If after breaking the waters your labour doesn't begin, you will require a drip called Syntocinon ® (which contains oxytocin) to start contractions. This is an artificial version of the hormone produced by the body that normally generates contractions. The drip is gradually increased until you are having regular contractions, 4-5 in every 10 minutes, and progressing in labour. The baby's heart rate will need to be continuously monitored whilst on the drip. Very occasionally Syntocinon ® can make your womb contract too frequently which may affect your baby's heart rate. If this happens the drip will be adjusted or stopped for a while to allow contractions to slow down. Very rarely, if the baby's heart rate is affected and doesn't return to normal, a caesarean section may be required. For this reason, once the drip is in place, you will be on Delivery Suite where you can be monitored closely.

If this is your first pregnancy it is recommended that Syntocinon ® is commenced as soon as we have broken your waters as it is often a lengthy process. If you have had a baby before it is recommended that if labour hasn't started between 2-4 hours after your waters have been broken, the Syntocinon ® drip is started. However, if you have any concerns or questions about this, please speak to your midwife.

### **How long will my induction take?**

The induction process can vary a lot from person to person ranging from a few hours to a few days (if the cervix is very unfavourable and you require more than one pessary).

Once the process has started, however, we aim to continue the induction until your baby is delivered.

At times when the Delivery Suite is very busy and there are no labour rooms, it would be unsafe to continue and a delay may occur in the induction process. On these occasions, the senior clinicians give priority to those women in established labour. Please be assured that the induction process will re-commence as soon as possible and the midwife/doctor will keep you updated. You will be monitored closely on the ward and transferred to Delivery Suite when a room becomes available. Should a delay occur, we apologise in advance and thank you for your patience.

### **What if my waters have already gone?**

Sometimes, your waters may break on their own. In this case it is safe to wait for labour to start for 24 hours, as long as you are well and the fluid is clear. After 24 hours if labour has not started it is recommended that you are commenced on the Syntocinon ® drip. This is to reduce the risk of serious infection to the baby which doubles to 1% after waters have ruptured for over 24 hours.

### **What if I do not want you to start my labour?**

Induction of labour will only be recommended because it is believed to be of benefit to either you or your baby. You will be given information about induction of labour, and why this has been recommended for you but it will then be your choice as to whether you want to go ahead with the induction.

Almost 85 per cent of women go into labour before 42 weeks of pregnancy but after that time the risks to the baby start to increase. The risk of stillbirth at 42 weeks is 1 in 1000 births and this risk doubles if the pregnancy continues up to 44 weeks gestation.

If you decide not to be induced, we advise additional monitoring for your baby after 42 weeks of pregnancy.

This will provide assurance that your baby is well and that the placenta is working normally.

If induction has been advised for a different medical reason then choosing not to start labour could have serious implications for either you or the baby. Therefore you should discuss this with your doctor and midwife.



### **What should I bring with me?**

It is difficult to predict how long your stay in hospital is likely to be. We suggest you bring your hospital bag, toiletries, books or magazines. Please do not bring valuables in to hospital with you and should only bring in a car seat when you are due to be discharged

### **Is car parking available?**

Car parking is limited and expensive. We would advise that you ask a family member or friend to bring you to the hospital and likewise arrange for someone to take you home.

**Will I get any meals provided?**

Meals are provided for you at the following times. You will be asked about your food preference and dietary requirements

**Breakfast: 08.00 - 08.30**

**Lunch: 12:15 - 12:30**

**Tea: 17:15-17:30**

We do not provide meals for partners, however there are several cafés and shops where refreshments can be purchased.

There are kitchen facilities on the ward where you can help yourself to tea, coffee and water with a pot provided for any donations.

**Visiting Times on the Ward**

**Friends and Family: 2pm - 4pm and 6pm - 8pm**

**Birth Partner: 8am - 10pm**

**Due to the increased risk of infection, we only allow your own children onto the ward and they must be supervised at all times.**

**Once admitted to Delivery Suite, you may have two birth partners with you. Please be aware we do not have a waiting area on Delivery Suite and any other visitors will not be allowed on to Delivery Suite before your baby is born. If you have any concerns or questions regarding this information please speak to the Midwife in charge.**

**Personal planner:**

I had my membrane sweep on: ..... at: .....

I had my second membrane sweep on: ..... at: .....

My date for induction is: .....

At: .....

I had my first pessary on: ..... at: .....

I had my second pessary on: ..... at: .....

**CTG monitoring times**

.....  
.....  
.....  
.....

My next assessment is due at: ..... on: .....

My next assessment is due at: ..... on: .....

My next assessment is due at: ..... on: .....

My next assessment is due at: ..... on: .....

My waters broke spontaneously on: ..... at: .....

My water were broken on: ..... at: .....

**My contraction record:**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

*Please use this page to write down any questions for discussion:*

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

## Contact Details

### Antenatal Ward - St James's University Hospital

- Telephone: 0113 206 9104

### Antenatal Ward - Leeds General Infirmary

- 0113 392 7444

## Further reading:

- <https://www.nice.org.uk/Guidance/CG70>
- <https://www.nhs.uk/conditions/pregnancy-and-baby/pages/induction-labour.aspx>

© The Leeds Teaching Hospitals NHS Trust • 3rd edition (Ver 1.0)  
Developed by: Amanda Lucas - Deputy Head of Midwifery  
Produced by: Medical Illustration Services • MID code: 20170922\_003/MH  
Cover image created by Yanalya - Freepik.com

LN000726  
Publication date  
11/2017  
Review date  
11/2020