

Induction of labour

Maternity Services

Information for Patients

Produced: February 2019

Review: February 2022

Leaflet number: 328 Version: 3

Introduction

This leaflet contains important information about the induction of labour process to help assist and guide you to make decisions that are right for you and your baby.

What is Induction of Labour?

Labour is a complex interaction between the mother, the baby and hormones or chemicals in the body. An induction of labour involves trying to start this process artificially, either with or without medication.

Why induce labour?

There are a number of reasons why you might have labour induced, and these are different for each person. Some of the most common reasons are:

- Because the pregnancy has gone a long time past the 'due date'. Many studies have shown that the placenta may not work as well after 42 weeks of pregnancy
- To stop a medical condition that may get worse the longer pregnancy progresses, such as pre-eclampsia or diabetes
- To reduce the risk of infection if your waters have broken but labour hasn't started yet
- Because your baby's movements have significantly changed
- Other significant medical issues associated with your pregnancy which could affect you or your baby's health and wellbeing.

The main advantage to having an induction of labour is to reduce or remove some of the risks to you or your baby.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What are the complications or risks?

Induced labours are more complicated than those that start on their own. With an induced labour, some studies suggest that you may be more likely to need further interventions such as an epidural or an instrumental delivery (ventouse or forceps). It is unclear whether an induced labour might mean you are more likely to need a caesarean section.






If you still have questions about induction of labour please talk to your midwife or doctor.

Where and how will induction of labour take place?

Some parts of your induction of labour can be happen in the home or in clinic. Your community midwife will discuss this with you. The process for medical induction of labour will begin in hospital, and can be started at any time of day. Most women will be invited to spend the first hours of the process at home, although sometimes it may be more suitable to stay in hospital as an inpatient for monitoring. The induction process may take several days and on rare occasions it may not work at all. In some circumstances it works very quickly.

Leicester's Hospitals are committed to maximising patient safety and ensuring a positive patient experience. A colour coded system based on evidence of risk factors has been developed with these aims in mind. If anything changes in your pregnancy, please ensure you alert your midwife or the hospital via Maternity Admissions Unit (MAU) as this may affect your induction date and plan.

What is the booking system for having labour induced?

-  An immediate induction of labour will be offered as soon as a bed is available
-  Admission to hospital for induction should happen within 24 hrs of the date offered
-  Admission to hospital for induction should happen within 48 hrs of the date offered
-  Admission to hospital for induction should happen within 7 days of the date offered
-  The first suitable available date. This may change depending on other factors, but should not be later than 7 –12 days past your due date.

Preparing for induction of labour

Depending on the method used to start your induction of labour you may be able to go home for the first part of the process. However, you may need to stay in hospital for extra monitoring. It is suggested that you bring an overnight bag with clothes for you and for baby. **You should have your hand-held hospital notes with you.** The induction of labour process can be very quick, and you may have your baby the same day, but it can also take several days. Please bring shampoo, shower gel and a towel. It is important that you organise child care for a few days in case you are in hospital for a while.

You and your baby will be monitored regularly throughout the induction process, according to your individual clinical circumstances, and your wishes.

What are the different ways that labour can be induced?

Membrane sweep

A membrane sweep is a drug free method that can help start labour within the next 48 hours. It involves an internal vaginal examination where the midwife inserts a finger into the cervix (neck of the womb) to separate the membranes from the cervix in a circular movement. A membrane sweep is usually offered at 40-41 weeks of pregnancy. A second membrane sweep may also be offered. Sometimes a membrane sweep is not recommended, for example if your waters have already broken.

Balloon Catheter

The advantage of this method of induction is that it has minimal side effects. More women are able to go home during the first part of the induction.

A speculum will be inserted (like at a smear test) to open the walls of the vagina and a very small plastic tube (catheter) will be placed into the opening of the cervix. The catheter has a balloon near the tip and when it is in the right place the balloon is filled with a sterile water. The bottom of the catheter will be taped to your leg. The catheter stays in place for 24 hours, with the balloon putting gentle pressure on your cervix. The pressure should soften and open your cervix enough to start labour or to be able to break the waters around your baby. The balloon catheter may fall out by itself as the cervix opens or if you go into labour. Alternatively, it will be removed the next day by removing the water inside the balloon using a syringe at the end of the catheter.

Vaginal Prostaglandins

Prostaglandins are natural hormones that occur in labour. Artificial prostaglandins are given as either a pessary or a tablet, and placed close to the cervix to begin the early changes necessary for labour.

The Propess® pessary continually and slowly releases the prostaglandin hormone for 24-30 hours. It is a small piece of plastic on a long piece of string which allows for easy removal when necessary. If it falls out then wrap it in some tissue and show it to a midwife so we can clearly identify it. You may be encouraged to go home with the Propess pessary in situ.

Prostin tablets are placed next to the cervix and dissolve. You may notice a creamy discharge after a short time but this is normal.

The use of prostaglandins often causes the uterus to contract without obvious changes to the cervix. You may experience period type cramps and the mucus plug (show) might start to come away. The use of simple pain killers such as paracetamol, TENS or hydrotherapy (deep bath) is recommended. You can walk around, shower/bathe and eat and drink as usual.

Artificial Rupture of Membranes (ARM)

This is also known as 'breaking the waters'. This is done when the cervix has dilated enough either by itself or with the use of prostaglandins. It involves making a small hole in the membranes using a plastic instrument (similar to a crochet hook) to allow the amniotic fluid to drain. The fluid will then continue to drain until the baby is born. This may be enough to start labour.

Oxytocin

Some women also need the added hormone oxytocin which is given after the membranes around the baby have ruptured (waters have broken). Oxytocin is used to start and/or ensure strong regular contractions of the uterus. It is given through (a drip that is inserted into a vein in your hand/arm). The drip starts slowly and builds up gradually. The flow of oxytocin through the drip is adjusted and regulated depending on how your labour is progressing. This drip will continue until you have given birth and for a few hours afterwards to ensure your uterus remains contracted and to minimise the risk of excessive bleeding.

Labour can be a long process with or without an induced labour. It is not unusual for labour to last up to 16 hours after the hormone drip has started.

Choosing not to have your labour induced

If you decide not to have your labour induced your wishes will be respected. Your midwife will refer you to the obstetric team to discuss and arrange alternative options for your pregnancy. This may include frequent monitoring of both you and your baby's health and wellbeing. It is important that you spend time discussing your decisions with the team so that a management plan can be agreed. It is therefore important that you attend all of your appointments, so that we can respect your wishes whilst also looking after the wellbeing of you and your baby.

Visiting you in hospital

Some women will be encouraged to stay in hospital for monitoring . To maintain privacy and dignity for all the other women admitted to the ward or delivery suite, we may ask you to limit your birth partners. Please check visiting arrangements and restrictions with staff.

Information about induction of labour and visiting times can be found here:

www.leicestermaternity.nhs.uk and see www.yourhealth.leicestershospitals.nhs.uk for our information leaflets

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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