

## Information for Patients

# A Patient's Guide to Induction of Labour

You have been given the option of induction of labour at Saint Mary's Hospital. Induction of labour is the stimulation of your womb to start labour.

Your doctor or midwife will discuss with you the reasons why induction of labour is being offered. You may be examined at the time of deciding for induction to determine the best method of induction for you. At this time you will be offered a 'membrane sweep'. This is when the membranes (the bag of water surrounding your baby) are manually separated from the cervix (neck of the womb). It can be a little more uncomfortable than a routine internal examination, but it releases natural hormones which may start your labour spontaneously or make induction of labour quicker and easier.



## Coming into hospital

It is important that you report for your induction of labour admission on time. There is no need to phone in on the day of your appointment - simply arrive at your given time on Ward 65, which is located on the second floor of Saint Mary's Hospital.

On rare occasions it may be necessary to delay starting your induction to ensure that a midwife is available and that the unit has the space to provide the care you require safely. We will do our best to ensure that delays are kept to a minimum and that you are kept informed throughout the process.

## The induction of labour process

When you arrive on Ward 65 you will be welcomed by your midwife and shown into a single room. We aim to have your bed ready when you arrive and sometimes there may be a delay with this allocation. You will be examined internally to ensure that your cervix (i.e. the neck of the womb) is ready for the induction process and that induction will be safe. There are two ways in which your labour may be induced on the ward:



For most women a tablet is inserted into the vagina and behind the cervix. This contains an artificial version of the hormone naturally produced by your body in labour. Prior to inserting this tablet your midwife will perform a short tracing of your baby's heart rate, known as a cardiotocograph (or 'CTG'). You will then be examined internally and the tablet inserted. Your midwife will then monitor your baby for a further period of time. After this is completed you will be encouraged to mobilise (go for a walk or perhaps use a birthing ball), helping to promote a change in your cervix as you would in labour. As required, this process may be repeated up to three times with intervals of six hours in between. If your waters have already broken, just one tablet would be used in order to try and encourage your body to go into labour.

For some women the use of these hormone tablets is not appropriate, and your doctor will have discussed this with you prior to your appointment for induction. If this is the case, a cervical ripening balloon will be used instead. Your midwife will monitor your baby prior to the doctor inserting a very small deflated balloon into your cervix. This is then filled with water in order to encourage your cervix to dilate. The monitoring of your baby will continue for some time following the insertion of the balloon and you will then be encouraged to mobilise. The balloon is then removed 12 hours later when your midwife will perform an internal examination to assess whether there has been any change to your cervix.

If, on examining your cervix, the midwife finds it has dilated but labour has not yet begun, the next step in the process will be to have the membranes around your baby (your 'waters') broken artificially. This is performed on the Delivery Unit, where a midwife is allocated to provide one-to-one care for you in labour.

If labour is slow to begin it may be thought necessary to start a hormone drip called syntocinon in order to help labour progress.

## Delays

Due to the busy nature of Saint Mary's Hospital, there can sometimes be delays whilst we await a bed and a midwife to be available on the Delivery Unit to provide one-to-one care for you in labour. This is because the unpredictable nature of childbirth can sometimes cause periods where there are increased numbers of women in labour or there are women who have associated illnesses who require a higher level of care, which can lead to some delays for women who require induction of labour. In order to maintain a safe birthing environment for women, it may be necessary to postpone or delay your induction of labour until we can ensure it is safe to proceed. This can be a number of days. You may want to take this into account as such delays may have an impact when your partner is anticipating starting paternity leave.

If your induction is postponed or delayed whilst waiting for transfer to the Delivery Unit, you will be moved from the single room to a four bedded bay with other women. Whilst staying on the ward during this period the midwives and the ward consultant will continue to assess you and your baby's wellbeing and should there be any concerns, appropriate action would be taken. Similarly, if active labour starts whilst you are on the ward, you

would take the same priority as other labouring women in being promptly assigned a midwife on the Delivery Unit.

## Pain relief

Internal examinations may be uncomfortable, but remaining relaxed and getting into the right position helps to reduce discomfort. After the cervical tablets have been inserted, you may feel abdominal tightenings and back pains. These may develop into contractions (labour pains) or they may simply be abdominal tightenings preparing the cervix for labour. They should settle with oral pain relieving tablets or by taking a warm bath on the ward. Once labour becomes established, a full range of pain relief is available for you. Whilst many women do choose epidurals, they are not a necessity and we have many other ways of making you comfortable. You can find an informative leaflet and Youtube video about the various options for pain relief in labour on our website (see the link at the end of this information sheet), however, please ask your midwife if you require further information.

## Things to bring

The process of induction of labour is often long, plus labour and recovery time. Bring with you changes of clothing, night wear, your toiletries, activities to pass the time and anything you wish to bring for your baby. You can also check the leaflet available on our website called "What should I pack for coming into hospital?"

You may need to get your partner to bring in extra clothes and toiletries during your stay.

## Birthing partners

Your birthing partner is welcome on the ward during the daytime. During the induction of labour process your partner can stay with you. We are unable to provide a bed but there is a comfortable reclining armchair in each room. If labour is not anticipated overnight, your partner should return home to rest but you or your midwife can keep in contact with them if any changes occur overnight. Once you are on the Delivery Unit, your partner is welcome to stay with you throughout the duration of labour until the birth of your baby.

## Risks and benefits

If you are being induced because either you or your baby are (or may become) unwell, the specific risks of induction will be discussed with you when booking the induction. There are some general risks you should be aware of:

- **Mobility** – we try to encourage mobility throughout the induction process, however it may become necessary to record your baby's heart rate continually during labour and the equipment used to do this may limit your ability to move around freely.

- **Hyperstimulation** – this is when the womb is stimulated and contracting too much, and the baby becomes distressed. This is slightly more common in induction of labour than in spontaneous labour, but can be easily treated with medicines. Your baby's heart rate will be continually monitored to check for this.
- **Failed induction** – some women do not respond to the induction of labour process. If, after a full course of cervical tablets, it is still not possible to break your waters, the doctors will discuss your options with you. These may include waiting for labour to begin spontaneously, further insertion of cervical tablets or caesarean section.

The benefits of induction of labour vary with the reason for induction. For those being offered induction of labour for being more than 10 days overdue, induction of labour offers:

- A reduction in the risk of stillbirth.
- No increased risk of epidural or operative delivery.

## Further information

We hope that this has answered your questions regarding induction of labour. If at any time you have any further questions, please do not hesitate to ask your midwife, who will be pleased to assist.

Further information leaflets about pregnancy and childbirth are available at:

<http://www.cmft.nhs.uk/saint-marys/our-services/maternity-services/patient-information-leaflets>

## Visiting times to the wards

Partners: 8.00 am – 10.00 pm. All other visitors: 10.00 am – 8.00 pm (maximum 4 visitors at once including partners and children).

Please note: Due to infection control risk, flowers are not allowed on the wards.

## Supervisors of Midwives

All Midwives are supported by a Supervisor of Midwives whose aim is to ensure the safety and wellbeing of you and your baby. If you have any concerns or compliments on any aspects of your maternity care you can contact a Supervisor of Midwives on:

(0161) 276 1234 (ask for bleep number 6060).