

## Induction of Labour (IOL) at North West Anglia NHS Foundation Trust

Your Obstetrician or Midwife has booked an Induction of Labour (IOL) for you.

The **Reason** for your Induction of Labour is: .....

The **Date** of your Induction is provisionally booked as: .....

Induction discussed and leaflet given by: .....

Your Induction of Labour is booked to take place at:

**Peterborough City Hospital / Hinchingsbrooke Hospital** (\*please circle)  
on

**PCH Delivery Suite/PCH Maternity Inpatients Ward**

**HH Labour Ward/HH Lilac Ward** (\*please circle)

**Please call** the Midwife in Charge on the date of your induction at 09.00hrs (\*please circle)

**Peterborough City Hospital on 01733 677246**

**Hinchingsbrooke Hospital on 01480 8407481**

You will be given an admission time on the day dependent upon bed availability and the reason for your induction. You may be asked to attend either hospital and your date of induction may be deferred until the following day if the units are busy.

### Introduction

This leaflet has been produced to give you general information about the procedure of induction of labour. Most of your questions should be answered by this leaflet. It is not intended to replace the discussion between you and your midwife or doctor, but may act as a starting point for discussion. If after reading this leaflet you have any concerns or require further explanation, please discuss this with the midwife or doctor. Your birth partner will be able to stay with you throughout the induction process.

### What is Induction of Labour?

In order for a baby to be born the cervix, (the neck or opening to the womb), has to shorten, soften and open and there must be contractions. Your womb has a powerful muscular wall that tightens and then relaxes; these contractions gradually open your cervix. In most pregnancies this starts naturally between 37 – 42 weeks and is called 'spontaneous labour'. Induction of labour is a process used to encourage labour to start artificially.

### Why might I be offered Induction of Labour?

There are three main reasons why induction of labour (IOL) is offered:

- **Prolonged pregnancy** – pregnancy that continues after 41 weeks. After 41 weeks there is a slight increase in the risk of your baby developing health problems. Induction of labour is therefore recommended between 41 and 42 weeks.

At North West Anglia Foundation Trust, we recommend Induction of labour at 12 days past your expected date of delivery (due date), which has been determined by your initial dating scan. This is with your consent.

- **Pre-labour rupture of membranes** – (the waters around the baby breaking). If spontaneous labour does not happen approximately 18 hours after the waters break, there is a small risk of infection to the mother and/or the baby.
- **Medical reasons** – If it is felt that your health, or your baby's health, is at increased risk if the pregnancy continues.

### **Can I choose not to be induced?**

If, after considering all the facts around IOL, you decide that you do not want to be induced, you should inform your midwife. You can be offered an appointment to attend hospital so we can check that you and your baby are well. There will be an opportunity to discuss with a midwife or doctor your decision not to be induced.

How often you come to the hospital for checks depends on your situation. The midwife or doctor will discuss this with you.

### **Membrane Sweep (stretch and sweep)**

A membrane sweep is a vaginal examination that can be carried out at home or at an Antenatal Clinic.

You may be offered a membrane sweep around your due date, followed by another at 41 weeks. This procedure has been shown to increase the chances of labour starting naturally within 48 hours of the procedure and can reduce the need for other methods of induction of labour.

You will also be offered a membrane sweep if induction of labour is being done for medical reasons. The timing will be advised by the doctor responsible for your care

The procedure involves the doctor or midwife putting two fingers inside your cervix and making a circular sweeping movement to separate the membranes from the cervix. This increases the production of hormones called prostaglandins which can encourage labour to start.

There may be some discomfort or bleeding but it will not cause any harm to you or your baby. It will not increase the chance of you or your baby getting an infection.

### **If you have decided upon IOL. What happens next?**

#### **Methods used to prepare the cervix**

##### **Prostaglandin**

Prostaglandin is a hormone that is naturally produced by the body. It is involved in starting labour. We use two methods to deliver an artificial version of prostaglandin.

1. **A pessary known as ‘Propess’®** is inserted into the vagina. It releases the hormone slowly over 24 hours. It will be removed earlier if labour starts, if your membranes rupture or if there are any concerns about you or your baby’s health. If you have a low risk pregnancy and meet the criteria, you may go home with the Propess in place and await events at home. If you do not labour within the 24 hours following Propess insertion you will be asked to return to the hospital for assessment.
2. **A gel called ‘Prostin’®** is inserted into the vagina. You will be re-examined six hours after the first hormone dose; if the cervix is still not ready for the waters to be broken or you have not started labour then a second Prostin gel will be inserted into the vagina. This is repeated 6 hours later with a 3<sup>rd</sup> Prostin gel being inserted into the vagina.

You will have to stay in hospital for the whole induction process if you do not meet the criteria for discharge home or you reach the Prostin pathway, as your baby will need to be monitored every four hours.

It is important to be aware that the process of softening and opening the cervix may take three days and in some cases may be unsuccessful.

### **Artificial Rupture of the Membranes (ARM)**

When the cervix is soft, open to around two to three centimetres and the baby’s head has gone down into your pelvis, it should be possible to ‘break the waters’ around the baby.

This procedure is carried out by using a small plastic hook which releases the water and allows the pressure of the baby’s head to press on the cervix and stimulate contractions. It will not harm you or your baby. The procedure may be uncomfortable.

You may be given some time to see if contractions start or we may use an artificial hormone called Syntocinon® straight away.

### **Oxytocin (Syntocinon®)**

This is an artificial form of the hormone that causes your uterus (womb) to start having contractions. It is given through a cannula (a tube into a vein in your arm), via a pump.

The drip is increased very slowly until your uterus is contracting regularly and strongly. Women respond differently to how well the drip works on contractions and upon how ready your body is for the labour process.

During labour, your baby’s heart rate will be monitored continuously by a cardiotocography (CTG). Your ability to walk around will be limited by the drip and monitor, although you may choose to stand up or sit on a chair or birthing ball.

The Syntocinon® drip is the main form of induction when your waters have broken naturally and you do not go into labour.

We will endeavour to induce labour by 18 - 24 hours following rupture of membranes; however this may not always be possible. Please be assured that all decisions are made with regards to the safety of your baby and you. If your induction is delayed, you will be asked to come to the hospital so that your baby and you can be assessed and monitored.

## **Can there be any complications or risks?**

### **Prostaglandin (Propess®)**

Inserting the prostaglandin pessary can be uncomfortable. Prostaglandin can cause soreness in and around the vagina. It can also cause strong contractions, which can be painful; having these contractions does not always mean you are in labour. Your midwife will discuss ways to help you manage this.

On rare occasions, prostaglandins can cause the uterus to contract too frequently and this may affect the pattern of your baby's heartbeat. This is usually treated by administering a drug that helps the uterus to relax. Sometimes the uterus continues to contract too frequently, which may mean an emergency caesarean section is necessary.

### **Oxytocin (Syntocinon®)**

As with prostaglandin, the main risk is that the uterus can contract too strongly/frequently and affect the baby's heartbeat. Reducing the rate of the Oxytocin can have an immediate effect on easing the contractions, which will improve the baby's heartbeat. If the baby's heartbeat does not recover, the senior doctors will decide what is required. This may mean an emergency caesarean section is necessary.

## **What happens if Induction of Labour fails?**

In a small number of cases, induction of labour is not successful following repeated attempts. Your management will then be discussed with your consultant obstetrician and a plan for birth put into place. It may be that a caesarean section is recommended.